SCHOOL OF AUDIOLOGY
www.pacificu.edu/audiology

AuD PROGRAM HANDBOOK
General Information
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CHAPTER I: INTRODUCTION

The School of Audiology offers an innovative and accelerated three-year professional curriculum leading to the Doctor of Audiology (AuD) degree. The inaugural cohort of students, the Class of 2015, matriculated with the Fall 2012 semester.

Doctors of Audiology – Who We Are
As audiologists, Doctors of Audiology provide hearing and balance healthcare by evaluating, diagnosing, treating, and managing individuals of all ages who have hearing and balance disorders and related issues. Treatment and management of hearing loss may involve dispensing hearing aids and other related hearing assistive technology as part of a wide range of treatment options. Doctors of Audiology may work in a variety of settings, including private practice, hospitals and medical centers, medical offices and multi-specialty outpatient clinics, hearing-related industries, universities, research labs, military branches, hearing conservation programs, newborn hearing screening and intervention programs, government agencies, school systems, and more.

Mission – Our Reason for Being
A mission statement defines what an organization is – in essence, why it exists or its reason for being. The School of Audiology’s central mission is to prepare Doctors of Audiology in an innovative educational environment who are clinically outstanding, committed to life-long learning, and leaders in their community and profession.

Vision – Our North Star
A vision statement identifies what an organization would like to achieve or accomplish – its “north star.” The School of Audiology’s compelling vision is to continually create and advance new standards in Audiology education that answer a global need for compassionate and exceptional audiologic care, thereby improving the quality of life for individuals and communities throughout the world.

Core Values and Beliefs – Our Guiding Principles
A core value or belief is a principle that guides an organization’s actions and objectives. The School of Audiology is committed to five guiding principles: discovery, excellence, inclusion, caring, and integrity. Those five essential principles help define our fundamental values of exploration and innovation, education and leadership, collaboration and community, compassion and advocacy, and transparency and accountability.

Goals – Our Plans Now and for the Future
A goal is a broad statement of what an organization intends to accomplish. The School of Audiology remains committed to its primary goal – to prepare well-rounded and highly competent Doctors of Audiology who are ready to assume autonomous professional responsibilities in a variety of practice settings and become leaders in their communities. Additional goals that may be developed as part of the school’s strategic planning initiative will be evaluated to ensure that they remain aligned with our purpose (mission), focused on our north star (vision), and guided by our principles (core values and beliefs).

Curriculum Overview – Our Innovative Doctor of Audiology Program
The Doctor of Audiology program curriculum prepares students across the audiologic scope of practice through a combination of rigorous didactic courses and outstanding applied clinical experiences. The
faculty is committed to fostering integration of knowledge, critical thinking, professional and ethical behavior, interprofessional competence and collaboration, and the utilization of evidence-based principles for the practice of Audiology. We are equally committed to fostering among our students – our future professional colleagues – a spirit of life-long professional learning, a commitment to service, and a desire to contribute to the advancement of the profession.

The curriculum is based on a modified-block design, which allows the sequential delivery of courses in compressed blocks of study rather than the more traditional method of teaching multiple courses at the same time over the course of a semester. Students are not assigned letter grades in the curriculum but are instead assigned grades of either Pass (P) or No Pass (N) based on achievement of 85% or more of stated competencies. Both didactic and clinical competencies are evaluated frequently throughout the program through various formative and summative assessments.

Students attend the program on a year-round basis. The first two years of the program blend academic course work with clinical practicum experiences. During the first year, students have weekly clinical assignments, which may be on campus in the School of Audiology’s Pacific EarClinic and off-campus in the greater Portland commuting area. During the second year, the students complete three multi-week clinical internships, which may be anywhere in the country. The third year of the program is composed of a one-year clinical externship at an off-campus practice setting, which may also be anywhere in the country, and is designed to refine and solidify clinical competencies at professional levels. For both internships and externships, international placements are possible for selected students. The clinical experiences in all three years are supported by weekly seminars and labs which help integrate didactic and clinical knowledge and offer information and activities which enhance acquisition of knowledge and skills.

**Teaching and Simulation Labs – Our Premier Training Facilities**
Our audiology teaching and simulation labs are among the best anywhere. The two lab areas include several stations for practicing with a variety of equipment, materials, and techniques, including those for audiologic assessment, video-otoscopy, auditory brainstem response testing, amplification programming, ear impressions, and cerumen management. The lab assignments provide both in-class activities and after-class practice and help our students develop and hone their clinical skills and prepare for their clinical proficiency examinations. During the first year, you can expect to spend time during the day in lab and class practicing in the labs but you can also expect that you will need to practice outside of the day (both evenings and weekends). On average students spend 5 hours per week working in the labs (more when preparing for practical examinations). Remember the more that you practice each new skill that you learn the better (more fluid and less hesitation) you will be at performing that skill. To perform at peak efficiently you will need to practice each skill until it is a part of your muscle memory.

**Pacific EarClinic – Our Commitment to Best Practices**
The School of Audiology’s on-site Pacific EarClinic helps meet the hearing and balance healthcare needs of the community while providing rich clinical education experiences for our students. Working in our state-of-the-art clinic under the supervision of the school’s faculty, all of whom are licensed audiologists, our doctoral audiology students receive an invaluable introduction to best practices and professional-level engagement.

**Interprofessional Engagement – Our Model for the Future**
As a complement to the Doctor of Audiology program curriculum, students in the first year of the program also participate in a year-long, interprofessional competency course and several interprofessional case conferences alongside students from other health professions programs. These components help develop the ability to work in today’s interprofessional healthcare environment and add an enriching and collegial experience to the program.
Accreditation – Our Status as a New Program
The doctoral AuD program in Audiology at Pacific University is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. Candidacy is a "pre-accreditation" status with the CAA, awarded to developing or emerging programs for a maximum period of five years.

College of Health Professions and Hillsboro Campus – Our Home
The School of Audiology is located on Pacific University’s Hillsboro Campus in the Health and Education District of Hillsboro, Oregon. A part of the university’s College of Health Professions, home to several outstanding health professions programs, the School of Audiology is housed in a convenient medical office building adjacent to the campus. Hillsboro is about 18 miles west of Portland, Oregon, known as the City of Roses, and is within easy driving distance of the Oregon Coast, the Columbia River Gorge, Mt. Hood and the Cascade Range, and the Willamette Valley, Oregon’s leading wine region.

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CHAPTER II: UNIVERSITY POLICIES

This chapter highlights some Pacific University policies that address key student matters. Please see the university’s academic catalog and website for more detailed information on these and other policies.

FERPA/Privacy Rights of Students
The Family Educational Rights and Privacy Act (FERPA) is the federal law that governs release of and access to student education records. As part of FERPA requirements, faculty and staff are required to obtain a release form signed by a student before providing any personally identifiable information about that student when answering an inquiry, including providing letters of recommendation for clinical internships, externships, and professional practice opportunities upon graduation.

More information on Pacific University’s privacy policies under FERPA can be found here: www.pacificu.edu/about-us/offices/registrar/privacy-confidentiality.

Nondiscrimination Policy
It is the policy of Pacific University not to discriminate on the basis of sex, physical or mental disability, race, color, national origin, sexual orientation, age, religious preference or disabled veteran or Vietnam Era status in admission and access to, or treatment in employment, educational programs or activities as required by Title IX of the Education Amendments of 1972, section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, or any other classification protected under state or federal law, or city ordinance.

More information on Pacific University’s non-discrimination policies can be found here: www.pacificu.edu/faculty-staff/governance-and-policies/title-ix.

Students with Disabilities
Services and accommodations are available to students covered under the American with Disabilities Act. If you require accommodations in this course, you must immediately contact Learning Support Services for Students with Disabilities at ext. 2194 or email at lss@pacificu.edu. The director or her assistant will meet with you, review the documentation of your disability, and discuss the services Pacific University offers and any accommodations you require for specific courses. It is extremely important that you begin this process before the beginning of the semester, remember that your first Final Exam will occur two weeks after you start. Please do not wait until the first test or paper as the process may take a couple of weeks or longer.

More information on Pacific University’s learning support services can be found here: www.pacificu.edu/about-us/offices/learning-support-services.

Health Insurance
All enrolled students at Pacific University are required to be covered by medical insurance. The university offers an insurance plan to cover medical needs beyond the scope of services provided at the Student Health Center. At the beginning of each academic year, the Business Office bills all students for the yearly premium of the university Insurance Policy. You may waive this insurance by providing the Business Office with information of other health insurance coverage (http://pacificu.myaphcare.com). For questions about coverage, call the university’s local insurance representative, WSC Insurance, at 503-357-3154.

Immunizations
The following immunizations and titers are required before matriculating into the AuD program at Pacific University:
• Measles/Mumps/Rubella (MMR) vaccine
• Tetanus-Diphtheria-Pertussis (Tdap) or Tetanus/Diphtheria (Td) in past 2 years
• Tuberculosis (TB) skin test
• Hepatitis B Virus (HBV) vaccine (series of 3 vaccines over 6 month period)
• Varicella (Chickenpox)

In addition, the following immunization is recommended:
• Hepatitis A (2 doses) (Please note, this is a requirement for international travel)

The University Health Services Center provides immunizations and TB screening on an appointment basis at a minimal cost. Students may also contact their county health agency or private physician.

Students are responsible for submitting the university’s Health Profession Program Required Immunizations form, available via [www.pacificu.edu/about-us/offices/student-health-center/required-immunizations-forms](http://www.pacificu.edu/about-us/offices/student-health-center/required-immunizations-forms), with verification of immunizations and titers, to the Student Health Center ([www.pacificu.edu/about-us/offices/student-health-center](http://www.pacificu.edu/about-us/offices/student-health-center)) by July 15, prior to the start of classes in mid-August. Students are required to sign for authorization to release vaccine-related information to the School of Audiology. Students should retain a copy of their immunization records and health form.

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CHAPTER III: PROGRAM OVERVIEW

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The Doctor of Audiology (AuD) program curriculum places an emphasis on integration of knowledge, critical thinking, and utilization of evidence-based principles for the practice of audiology. The curriculum is carefully designed to facilitate and guide the student to achieve the didactic and clinical knowledge and skills required for independent practice as an audiologist.

**AuD Program Curriculum**

The AuD curriculum consists of 121 semester hours of didactic coursework and clinical practica. Students attend the program on a year-round basis, which is designed to be completed in nine consecutive semesters, including summer terms (i.e., in three consecutive years), with students starting in the fall semester, assuming satisfactory academic progress throughout the program. The program utilizes a modified block-design format, which allows the sequential delivery of most of the didactic courses, rather than the traditional method of teaching multiple courses at the same time over the course of a semester.

The first two years of the program are a blend of didactic coursework and clinical practica. Coursework in audiology and related areas (e.g., research design, interprofessional competence) is combined with a minimum of 1,820 hours of supervised clinical practicum experiences. The clinical practica are in a variety of practice settings, both on and off-campus, providing experiences that support and integrate with the classroom material. The third year is a one-year, culminating externship in an external practice setting, which is designed to refine and solidify students’ clinical competencies at professional levels. Students will also complete an evidence-based capstone project as part of the curriculum, typically during the second year of the program.
Of note, students are not assigned letter grades in the program but, instead, are assessed on a pass/no pass basis, based on achievement of 85% or more of stated competencies. Students also work in groups for various didactic courses, labs, and examinations throughout their program, which has been found to enhance learning and foster a collaborative, team-based spirit, which is actively encouraged.

In addition to the audiology curriculum, students in the first year of the program also participate in a year-long, interprofessional competency course and several interprofessional case conferences alongside other students in the College of Health Professions. These components develop the students’ abilities to work in today’s interprofessional healthcare environment and add an enriching and collegial experience to the curriculum.

The curriculum, semester by semester, can be found in Appendix F: AuD Program Curriculum and course descriptions can be found in Appendix G: AuD Program Course Descriptions of this handbook.

Advising
Students in the AuD program will be assigned to a faculty member for academic and clinical advising. Students will have the opportunity to meet with their advisors on an individual basis throughout the program. In addition, group advising sessions, both academically and clinically focused, will be scheduled, as needed, to review various policies, procedures, and topics that are pertinent to the doctoral cohort as a whole. Students will also have the opportunity to schedule individual appointments with the clinical education coordinators and preceptors, as needed, throughout the program. Additionally, the director of the School of Audiology and all of the school’s faculty and staff maintain an open-door policy for all students.

Essential Functions
The Doctor of Audiology (AuD) degree is recognized as a broad-based, first professional degree requiring the acquisition of general knowledge in applicable domains of audiology and the basic skills necessary for the practice of audiology. The education of a prospective audiologist requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experiences in preparation for the independent, professional decision-making required in practice. It is necessary for students in the program to meet minimum essential functions in order to carry out required activities (including those listed below and in the program materials) and to perform competently, effectively, and safely in supervised patient care experiences throughout the program. Students in the AuD program are required to review and sign the Audiology Essential Functions document, which will be provided to them by the Graduate & Professional Admissions Office prior to matriculation into the AuD program. A copy of the essential functions document can be found in Appendix D: Essential Functions for Doctoral Audiology Education of this handbook.

Knowledge and Skills
Students in the AuD program will be expected to meet a rigorous set of knowledge and skills outcomes to sufficiently demonstrate a breadth and depth of knowledge and clinical skills necessary for the practice of audiology. These knowledge and skills outcomes are listed in Chapter III of this Student Handbook. These knowledge and skills outcomes are consistent with the standards for the Certificate of Clinical Competence in Audiology (CCC-AUD) of the American Speech-Language-Hearing Association, and can be viewed at www.asha.org/Certification/2012-Audiology-Certification-Standards/.
**Licensure and Certification**
Students who complete the AuD degree program in the School of Audiology should have completed academic and pre-professional clinical requirements towards eligibility for the following licenses and certifications. Please note that additional requirements must be met to qualify for certification and licensure, and that only a licensing or certification agency can determine if their qualifications have been met. It is the student’s responsibility to research requirements for licensure and certification.

- Oregon audiology license from the Oregon Board of Examiners for Speech-Language Pathology and Audiology.
- ABA Board Certification in Audiology from the American Board of Audiology (ABA).
- Audiology licensure issued by other states and territories.

It is unknown if completion of the AuD degree program in the School of Audiology would fulfill academic and pre-professional clinical requirements for licensure or certification by international agencies (i.e., other countries). It is the student’s responsibility to research those requirements, if so interested.

**Program Accreditation**
The doctoral AuD program in Audiology at Pacific University is a Candidate for Accreditation by the Council on Academic Accreditation in Audiology and Speech-Language Pathology (CAA) of the American Speech-Language-Hearing Association, 2200 Research Boulevard #310, Rockville, Maryland 20850, 800-498-2071 or 301-296-5700. Candidacy is a "pre-accreditation" status with the CAA, awarded to developing or emerging programs for a maximum period of five years. The program was awarded candidacy accreditation in July 2012.

More information on CAA accreditation can be found here: [www.asha.org/academic/accreditation/](http://www.asha.org/academic/accreditation/).

**CAA Complaint Procedures**
As required by the CAA, information on the complaint process is provided. A complaint about any CAA accredited program or program in candidacy status may be submitted to the CAA by any individual.

Complaints about programs must meet all of the following criteria:

a. be against an accredited graduate education program or program in candidacy status in audiology or speech-language pathology;

b. relate to the *Standards for Accreditation of Entry-Level Graduate Education Programs in Audiology and Speech-Language Pathology*, including the relationship of the complaint to the accreditation standards;

c. be clearly described, including the specific nature of the charge and the data to support the charge;

d. be within the timelines specified below:
   - if the complaint is being filed by a graduate or former student, or a former faculty or staff member, the complaint must be filed within one year of separation from the program, even if the conduct occurred more than four years prior to the date of filing the complaint;
Complaints also must meet the following submission requirements:

- include verification, if the complaint is from a student or faculty/instructional staff member, that the complainant exhausted all pertinent institutional grievance and review mechanisms before submitting a complaint to the CAA;
- include the complainant’s name, address, and telephone contact information and the complainant’s relationship to the program in order for the Accreditation Office staff to verify the source of the information;
- be signed and submitted in writing via U.S. mail, overnight courier, or hand delivery—not via e-mail or as a facsimile—to:

  Chair, Council on Academic Accreditation in Audiology and Speech-Language Pathology
  American Speech-Language-Hearing Association
  2200 Research Boulevard, #310
  Rockville, MD 20850

More information about the CAA, including accreditation standards and the complaint procedure can be found here: www.asha.org/academic/accreditation.
CHAPTER IV: CODES OF ACADEMIC AND PROFESSIONAL CONDUCT

Academic and Professional Conduct
Professional behavior is vital to the success of each student in the AuD program at Pacific University. The process of becoming a Doctor of Audiology involves attaining competency, not only in knowledge and skills but in professional behavior as well. Professional behaviors essential for success in both the classroom and the clinical arena are demonstrated through a variety of attributes, such as commitment to learning, interpersonal skills, communication skills, effective use of time and resources, use of constructive feedback, problem solving, professionalism 24/7, responsibility, critical thinking, and stress management.

The following behaviors are expected while enrolled in the AuD program at Pacific University and while representing the university and its schools and colleges in any endeavor.

- **Attitude**: Students are expected to possess personal qualities of integrity, honesty, dedication, responsibility, and strong ethical values, recognize the worth and dignity of all persons, demonstrate sensitivity to others, and demonstrate a positive outlook. Students are expected to work cooperatively with others, participate and share information, treat all individuals with respect, display a willingness to learn and accept constructive criticism, be punctual, and demonstrate behavior that contributes to a positive learning environment.
- **Attendance**: Students are expected to attend all classes unless excused by the instructor. Grades can be lowered by unexcused absences and/or lateness.
- **Ability to work with others**: Cooperation and collegiality are required to be an effective professional. Students are expected to cooperate, participate, share information, and show respect for others while enrolled in the program. When concerns arise, students should follow established school and university procedures for addressing those concerns. Students should never talk adversely about faculty, staff, fellow students, clinical preceptors or any other individual, or clinical sites or any other facility when interacting with those outside the school. Students are representatives of the school, the university, and the profession at all times and are expected to conduct themselves with collegiality and integrity in all interactions.
- **Ability to work independently**: Initiative, perseverance, and self-discipline provide the foundation for professional excellence. Students are expected to initiate and pursue study independently and to accept responsibility for their own learning.
- **Appearance**: Students are expected to observe professional guidelines for appropriate dress and hygiene.
- **Research**: Students are required to abide by the ethical principles of research with human participants as defined by the American Psychological Association.
- **Citizenship**: Students are expected to display those attributes expected of a member of a learned profession, demonstrate social awareness and a sense of social responsibility, and exemplify good citizenship in all social and community interactions.
- **University rules and policies**: Students are expected to follow all guidelines set forth by Pacific University, including those concerning smoking, parking, and alcohol use on campus.

Professional behavior will be assessed throughout the AuD program. To facilitate development of competency in professional behaviors, the faculty provide formal and informal feedback to all students regarding behavior and expectations. Students are encouraged to recognize the importance of self-assessment in their development as students and future audiologists and to also seek feedback from fellow students, clinical preceptors, and faculty.
**Ethical Conduct**

Students in the AuD program are expected to conduct themselves according to a high professional ethical standard. The principles of the codes of ethics of the American Academy of Audiology and the American Speech-Language-Hearing Association (ASHA) will be addressed throughout the program, both in didactic courses and in clinical activities. Students in the AuD program should become well acquainted with the code of ethics of both organizations so that the judgments and decisions made as a doctoral audiology student form a solid ethical foundation for future practice as an audiologist. The complete codes of ethics for both of these organizations can be found in Appendix A: American Academy of Audiology Code of Ethics and Appendix B: ASHA Code of Ethics of this handbook. In summary, the principles are:

**American Academy of Audiology – Code of Ethics Principles:**
- **Principle 1:** Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
- **Principle 2:** Members shall maintain high standards of professional competence in rendering services.
- **Principle 3:** Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.
- **Principle 4:** Members shall provide only services and products that are in the best interest of those served.
- **Principle 5:** Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.
- **Principle 6:** Members shall comply with the ethical standards of the Academy with regard to public statements or publication.
- **Principle 7:** Members shall honor their responsibilities to the public and to professional colleagues.
- **Principle 8:** Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

**American Speech-Language-Hearing Association (ASHA) – Code of Ethics Principles:**
- **Principle of Ethics I:** Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or participate in research and scholarly activities and shall treat animals involved in research in a humane manner.
- **Principles of Ethics II:** Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence.
- **Principles of Ethics III:** Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions. **Principles of Ethics IV:** Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

**Academic Honesty**

Students in the AuD program at Pacific University are expected to protect the integrity of their work and maintain a high level of academic honesty. Cheating, plagiarism, and falsification of data constitute serious academic offenses against academic honesty. Students involved in an act of academic dishonesty may receive a grade of No Pass for a course and may be dismissed from the program.

The School of Audiology is committed to instilling in its students the importance of personal and professional honor and integrity. In our position as a gatekeeper for the profession of audiology, we intend for our graduates to uphold and maintain the level of confidence and trust the public expects
from audiologists as care providers. An audiologist maintains the highest principles of moral, ethical, and legal conduct. Upon accepting admission to the School of Audiology, each student agrees to abide by basic standards of honesty and academic integrity, which include but are not limited to:

- Acting with honesty and integrity in academic and professional activities; a student never represents the work of others as his/her own;
- Striving for professional competence;
- Fostering a positive environment for learning; a student will not interfere with or undermine other students' efforts to learn;
- Respecting the knowledge, skills, and values of audiologists, instructors, clinical supervisors, and other health professionals;
- Respecting the autonomy and dignity of fellow students, instructors, staff, other healthcare professionals, and patients;
- Promptness;
- Respecting the time of patients, instructors, staff, and fellow students by being prompt in meeting their professional obligations;
- Seeking treatment for any personal impairment, including substance abuse, which could adversely impact patients, instructors, health providers, or other students;
- Promoting the good of every patient in a caring, compassionate, and confidential manner;
- Protecting the confidentiality of any medical, personal, academic, financial, or business information.

**Violations of Codes of Academic and Professional Conduct**

The School of Audiology assigns great importance to self-discipline, the ability to work with others, and the ability to conduct oneself in a professional manner. Violations of the standards of academic and professional conduct may lead to disciplinary action and may result in the probation, suspension, or dismissal of students from the program. If a violation occurs while a student is involved in a clinical assignment (observation, practicum, internship, or externship), the student may be removed from the clinical assignment pending an investigation.

Any individual with direct knowledge of a student’s alleged violation of the standards of academic and professional conduct should notify the director of the school, who may notify and discuss the alleged violation with relevant personnel (e.g., advisor, course instructor, clinical coordinator, clinical preceptor), including the chair of the school’s Academic and Professional Standards Committee, depending on the nature of the alleged violation. If the situation is found to warrant further investigation, the executive dean of the College of Health Professions and/or the Office of the Dean of Students may be notified.


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CHAPTER V: ACADEMIC STANDARDS AND ASSESSMENT

Overview
The goal of the School of Audiology is to provide an educational experience through which students in the Doctor of Audiology (AuD) program may develop into confident, competent, and ethical Doctors of Audiology. To assist students in meeting these requirements, students in the AuD program are expected to learn and practice appropriate professional and ethical behaviors. The School of Audiology reserves the right to define professional competence and behavior, to establish standards of excellence, and to evaluate students in regard to them.

Agreement to abide by the policies and procedures of the school, along with those of the College of Health Professions and the university, is implicitly confirmed when students register each term. Students are expected to adhere to the various administrative and academic deadlines listed in the academic calendar and in course syllabi. Failure to do so may jeopardize academic standing and may constitute grounds disciplinary action, including dismissal from the program. Students must maintain good standing in the AuD program in order to be eligible for federally funded financial aid or university, college, or school scholarships.

Concurrent Enrollment
Students enrolled at Pacific University's School of Audiology are expected to be fully engaged in the didactic and experiential learning within our accelerated, three-year, modified-block curriculum. Our students are also expected to be fully engaged in the College of Health Professions interprofessional co-curriculum and other enriching activities that will help them develop as professionals and healthcare providers. While enrolled at Pacific University's School of Audiology, students must acknowledge and accept that simultaneous enrollment in another program, either internal or external to Pacific University, is discouraged without permission from the academic advisor and the director of the school. Students are responsible for disclosing their interests in, and pursuit of, other such programs, and written confirmation of consultation with the academic advisor and director of the school is required. Discovery of undisclosed simultaneous enrollment in other programs may lead to dismissal from the Pacific University School of Audiology.

Knowledge and Skills Outcomes
Students in the AuD program must complete a program of study that includes didactic knowledge and supervised clinical experiences sufficient in breadth and depth to achieve the following knowledge and skills outcomes (which are consistent with Audiology Certification Standard IV of the American Speech-Language-Hearing Association):

Standard IV-A: Foundations of Practice
The applicant for ASHA certification in audiology must have knowledge of:

A1. Embryology and development of the auditory and vestibular systems, anatomy and physiology, neuroanatomy and neurophysiology, and pathophysiology
A2. Genetics and associated syndromes related to hearing and balance
A3. Normal aspects of auditory physiology and behavior over the life span
A4. Normal development of speech and language
A5. Language and speech characteristics and their development across the life span
A6. Phonologic, morphologic, syntactic, and pragmatic aspects of human communication associated with hearing impairment
A7. Effects of hearing loss on communication and educational, vocational, social, and psychological functioning
A8. Effects of pharmacologic and teratogenic agents on the auditory and vestibular systems  
A9. Patient characteristics (e.g., age, demographics, cultural and linguistic diversity, medical history and status, cognitive status, and physical and sensory abilities) and how they relate to clinical services  
A10. Pathologies related to hearing and balance and their medical diagnosis and treatment  
A11. Principles, methods, and applications of psychometrics  
A12. Principles, methods, and applications of psychoacoustics  
A13. Instrumentation and bioelectrical hazards  
A14. Physical characteristics and measurement of electric and other nonacoustic stimuli  
A15. Assistive technology  
A16. Effects of cultural diversity and family systems on professional practice  
A17. American Sign Language and other visual communication systems  
A18. Principles and practices of research, including experimental design, statistical methods, and application to clinical populations  
A19. Legal and ethical practices (e.g., standards for professional conduct, patient rights, credentialing, and legislative and regulatory mandates)  
A20. Health care and educational delivery systems  
A21. Universal precautions and infectious/contagious diseases  
The applicant must have knowledge and skills in:  
A22. Oral and written forms of communication  
A23. Principles, methods, and applications of acoustics (e.g., basic parameters of sound, principles of acoustics as related to speech sounds, sound/noise measurement and analysis, and calibration of audiometric equipment), as applicable to:  
   a. occupational and industrial environments  
   b. community noise  
   c. classroom and other educational environments  
   d. workplace environments  
A24. The use of instrumentation according to manufacturer's specifications and recommendations  
A25. Determining whether instrumentation is in calibration according to accepted standards  
A26. Principles and applications of counseling  
A27. Use of interpreters and translators for both spoken and visual communication  
A28. Management and business practices, including but not limited to cost analysis, budgeting, coding and reimbursement, and patient management  
A29. Consultation with professionals in related and/or allied service areas  

**Standard IV-B: Prevention and Identification**  
The applicant must have the knowledge and skills necessary to:  
B1. Implement activities that prevent and identify dysfunction in hearing and communication, balance, and other auditory-related systems  
B2. Promote hearing wellness, as well as the prevention of hearing loss and protection of hearing function by designing, implementing, and coordinating universal newborn hearing screening, school screening, community hearing, and occupational conservation and identification programs  
B3. Screen individuals for hearing impairment and disability/handicap using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B4. Screen individuals for speech and language impairments and other factors affecting communication function using clinically appropriate, culturally sensitive, and age- and site-specific screening measures
B5. Educate individuals on potential causes and effects of vestibular loss
B6. Identify individuals at risk for balance problems and falls who require further vestibular assessment and/or treatment or referral for other professional services

**Standard IV-C: Assessment**
The applicant must have knowledge of:
C1. Measuring and interpreting sensory and motor evoked potentials, electromyography, and other electrodiagnostic tests for purposes of neurophysiologic intraoperative monitoring and cranial nerve assessment
C2. Assessing individuals with suspected disorders of hearing, communication, balance, and related systems
C3. Evaluating information from appropriate sources and obtaining a case history to facilitate assessment planning
C4. Performing otoscopy for appropriate audiologic assessment/management decisions, determining the need for cerumen removal, and providing a basis for medical referral
C5. Conducting and interpreting behavioral and/or electrophysiologic methods to assess hearing thresholds and auditory neural function
C6. Conducting and interpreting behavioral and/or electrophysiologic methods to assess balance and related systems
C7. Conducting and interpreting otoacoustic emissions and acoustic immittance (reflexes)
C8. Evaluating auditory-related processing disorders
C9. Evaluating functional use of hearing
C10. Preparing a report, including interpreting data, summarizing findings, generating recommendations, and developing an audiologic treatment/management plan
C11. Referring to other professions, agencies, and/or consumer organizations

**Standard IV-D: Intervention (Treatment)**
The applicant must have knowledge and skills in:
D1. The provision of intervention services (treatment) to individuals with hearing loss, balance disorders, and other auditory dysfunction that compromises receptive and expressive communication
D2. Development of a culturally appropriate, audiologic rehabilitative management plan that includes, when appropriate, the following:
   a. Evaluation, selection, verification, validation, and dispensing of hearing aids, sensory aids, hearing assistive devices, alerting systems, and captioning devices, and educating the consumer and family/caregivers in the use of and adjustment to such technology
   b. Determination of candidacy of persons with hearing loss for cochlear implants and other implantable sensory devices and provision of fitting, mapping, and audiologic rehabilitation to optimize device use
   c. Counseling relating to psychosocial aspects of hearing loss and other auditory dysfunction, and processes to enhance communication competence
d. Provision of comprehensive audiologic treatment for persons with hearing loss or other auditory dysfunction, including but not exclusive to communication strategies, auditory training, speech reading, and visual communication systems

D3. Determination of candidacy for vestibular and balance rehabilitation therapy to persons with vestibular and balance impairments

D4. Treatment and audiologic management of tinnitus

D5. Provision of treatment services for infants and children with hearing loss; collaboration/consultation with early interventionists, school based professionals, and other service providers regarding development of intervention plans (i.e., individualized education programs and/or individualized family service plans)

D6. Management of the selection, purchase, installation, and evaluation of large-area amplification systems

D7. Evaluation of the efficacy of intervention (treatment) services

**Standard IV-E: Advocacy/Consultation**

The applicant must have knowledge and skills in:

E1. Educating and advocating for communication needs of all individuals that may include advocating for the programmatic needs, rights, and funding of services for those with hearing loss, other auditory dysfunction, or vestibular disorders

E2. Consulting about accessibility for persons with hearing loss and other auditory dysfunction in public and private buildings, programs, and services

E3. Identifying underserved populations and promoting access to care

**Standard IV-F: Education/Research/Administration**

The applicant must have knowledge and skills in:

F1. Measuring functional outcomes, consumer satisfaction, efficacy, effectiveness, and efficiency of practices and programs to maintain and improve the quality of audiologic services

F2. Applying research findings in the provision of patient care (evidence-based practice)

F3. Critically evaluating and appropriately implementing new techniques and technologies supported by research-based evidence

F4. Administering clinical programs and providing supervision of professionals as well as support personnel

F5. Identifying internal programmatic needs and developing new programs

F6. Maintaining or establishing links with external programs, including but not limited to education programs, government programs, and philanthropic agencies

**Academic Performance Standards**

Good standing in the AuD program is defined as:

- Continued enrollment, with regular and prompt attendance;
- Satisfactory academic progress, with demonstration of required knowledge and skills outcomes;
- Satisfactory clinical progress, with demonstration of required knowledge and skills outcomes;
- Behavior that leads to professional competence and positive interpersonal and professional relations;
- Appropriate professional/ethical conduct and attitudes;
- Adherence to policies and procedures.

Progression of students in the AuD program toward achievement of programmatic outcomes is monitored frequently using various methods of assessment. Faculty instructors will evaluate academic
performance, practicum skills, and professional behaviors demonstrated in didactic courses and clinical practica.

Students are assessed approximately every two weeks during the first two years of the curriculum. Summative examinations are typically administered at the end of each course of study, which are graded on a Pass/No Pass basis, with 85% or higher established for a grade of “Pass.” A grade of less than 85% for a course of study is considered substandard and may not be used to fulfill the requirements for the AuD program. Students who do not achieve the necessary level of competency in a given area are provided an opportunity for extended learning, as needed based on the scope and nature of the desired competency, followed by another opportunity to demonstrate that the desired competency has been achieved. Students are also required to take periodic cumulative didactic examinations and clinical proficiency examinations throughout the program. Additional assessment tools may be used throughout the program.

The overall academic and clinical progress of each student is reviewed each semester by the student’s advisor, with input from the school’s teaching and clinical faculty and the school’s director, as needed. A student who is not performing adequately will receive notification through verbal feedback, individual advisement, and/or written notification. To continue in the program, any substandard performance must be remediated.

**Attendance Policies**

Regular and prompt attendance is essential for success in the doctoral audiology program. Therefore, attendance at all scheduled instructional events (including but not limited to courses, assignments, clinic sessions, affiliation assignments, experiential rotations, examinations, and re-examinations) is required. Absence from any scheduled instructional event is permitted only under the following conditions:

- Student illness when accompanied by a physician’s note describing the illness.
- A personal emergency or emergency in the student’s immediate family, such as death, hospitalization, or other emergency situation. In such cases, the student must contact the course instructor or school administration who shall consider the request and determine whether an excused absence is warranted.
- Attendance at professional meetings, provided that the absence has been pre-approved at least two weeks in advance.

The approval process is coordinated by school administration. If an absence from a scheduled examination or re-examination is excused, the student will be assessed at a time set by the course instructor. Students with excused absences will be given the same examination opportunities as students who were present at the examination or re-examination. However, because the student could not participate in any group examinations which may be part of the examination process, the student will not be entitled to receive any applicable group points. Working with the student, the course instructor will arrange for the student to take the examination as soon as possible following the student’s return to school. Every effort should be made to schedule the makeup examination so that it does not jeopardize the student’s performance on other scheduled examinations. The date and time of the makeup examination will be communicated to school administration and may or may not be scheduled for regular school hours.

Absence does not excuse a student from responsibility for meeting the requirements of the program. If an absence from a scheduled examination is unexcused, the student will be required to meet with the course instructor to discuss any opportunities for remediation. At the instructor’s discretion, the matter may be referred to the school’s Academic and Professional Standards Committee for review. Excessive absences may result in disciplinary action up to and including dismissal from the program.
Examination Policies
The examination policies and schedule detailed below will be adhered to unless otherwise approved by school administration. Unless specifically noted otherwise, these policies apply to all examinations in the school, including: module examinations, group examinations, comprehensive examinations, clinical proficiency examinations, and re-examinations.

General Examination Policies
- Hats or other head dress should not be worn during examinations unless due to a religious practice.
- Ear plugs may be used during examinations. Ear buds or headphones are prohibited.
- All electronic examinations must be taken through the school’s exam management program. Disabling or otherwise altering the exam management program will be viewed as misconduct.
- No electronic devices other than the student’s laptop are allowed in the examination area unless otherwise noted by the instructor (e.g., calculator).
- With the exception of the instructor and/or proctor(s), students may not communicate with anyone within or outside of the room during an examination.
- One student per testing area may use the restroom at any given time for any exam type. The student should raise his/her hand and notify the proctor(s).
- Interpretation of examination questions is part of the learning and examination process. Students may request additional information or clarification during an examination; however, it will be up to the course instructor whether or not additional information can be provided. If the course instructor determines that clarification is appropriate, it will be provided to all students sitting for the examination (i.e., the instructor will make a general announcement to the class at large).
- Unless otherwise noted, personal property on or about the student’s person during examinations is prohibited. Personal items must be stored in the student’s locker during the examination.
- For emergency purposes only, cellular phones may be in the student’s possession during an examination provided the device is turned off and stored out of sight. All other communication devices are prohibited during an examination. Any student found to have a cellular phone or other communication device turned on or in use during an examination will forfeit his/her right to complete the examination, to participate in the group examination, or to receive credit for either.

**NOTICE – EMERGENCY CALLS DURING EXAMS:** Students may not take calls during an examination. Outside parties should be instructed to contact school administration in the event of an emergency during an examination period.

Individual Module Examination (IME) Policies
- Individual Module Examinations (IME’s) generally will be given on the last Friday of the module block. Examination location(s) will be communicated to the students prior to the beginning of the examination.
- Students should be in the examination area ready to begin the IME by 7:55am; i.e., no notes or electronic study materials should be open and students should be logged into the school’s exam management program.
- IMEs begin promptly at 8:00am and end promptly at 9:00am.
- No entry into the exam room after 8:10am will be permitted.
o Unexcused absence or tardiness will result in the student forfeiting the opportunity to participate in that examination.
o Students who are absent from an IME may forfeit the opportunity to participate in the group examination and may not be allowed to participate in any re-examination preparation offered.

- Scratch paper, if required for the examination, will be provided by the proctor(s). If scratch paper is not provided, a student may request scratch paper for his/her own use. Any scratch paper used is to be given to the proctor prior to the student leaving the examination area.
- Upon completion of the IME, the student will close his/her laptop, leave it at his/her seat, and quietly exit the examination room.
- Upon leaving the examination room, students may access their lockers to get personal items, but all notes/materials should be left in the locker. The honor code is in effect to enforce this policy and students are expected to police their own behavior and that of their peers.
- Students may remain in the Audiology suite; however, out of respect for classmates, no talking is permitted in the area until after the examination is complete.
- Students are bound by the university’s Student Code of Conduct and the school’s standards of academic and professional conduct to comply with the following guidelines:
  o Concepts from the examination may be discussed to gain a better understanding of examination topics;
  o Specific questions from the examination should not be discussed with students outside of your assigned group;
  o Refrain from accessing lecture notes or course materials to investigate answer to specific examination questions prior to the group examination; the intent of the group examination is to generate collegial discussion and debate and to learn from one another;
  o Refrain from trying to recall specific questions in order to create a question databank for future exams.
- Students who leave the Audiology suite area should plan to be back by 9:25am. The group examination will begin at 9:30am.

**Group Module Examination (GME) Policies**
- Group Module Examinations (GME’s) will begin promptly at 9:30am.
- Absence from the assigned meeting space when the group examination begins forfeits the opportunity to participate and consequently to earn additional points.
- Inter-group talking is not permitted during the examinations. While we encourage intra-group discussion, please be mindful of the noise level and be respectful of other groups.
- Only one computer per group is allowed during GMEs. Access to any other electronic devices is prohibited unless specifically designated by the instructor (e.g., calculator). Once all group examinations are completed, the designated laptop can be retrieved by its rightful owner.
- Group members should notify a proctor to witness the submission of the group examination. Once the examination has been submitted, the laptop should be closed and left in the classroom until all examinations have been submitted. The students may leave the examination area quietly but may not wait in areas designated as breakout areas since other groups will be completing their examinations in those areas.
Re-Examination Policies:
- A proctor will be provided during re-examination time.
- Students should be in the assigned examination area ready to begin at least five (5) minutes prior to the start of the assigned re-examination time. No notes or electronic study materials should be open and students should be logged into the school’s exam management program.
- Students should leave one empty seat between themselves and the next nearest student. If space limitations exist, the proctor(s) may assign seating in other areas.
- Upon completion of the re-examination, the student should raise his/her hand so that a proctor can witness the submission of the examination. After submission, the student may take his/her laptop and quietly leave the examination area.
- Students who wish to talk to one another or use their cell phones after completion of their re-examination should leave the vicinity of the classroom so as not to disturb others who may be taking a re-examination.

Grading
The School of Audiology uses a Pass/No Pass system of recording student achievement. The faculty of the school has set the minimum standard of achievement for each student at 85%. Therefore, in order to receive a grade of Pass (designated as "P" on the transcript), a student must achieve a score of 85% or more in each course. For courses which have both lecture and laboratory/clinical portions, both the lecture and laboratory/clinical portions must be passed at 85% or more in order to receive a grade of Pass for the course. A grade of Pass must be attained in each course in order to continue to the following course. Failure to achieve a score of 85% or more in a course may result in a grade of No Pass (designated as “N” on the transcript). A grade of No Pass may also be assigned for academic dishonesty, unprofessional conduct, unsatisfactory clinical progress, and unsafe clinical practice. Students who receive a No Pass grade may have a delay in their program in order to remediate required competencies and may face disciplinary consequences, up to and including dismissal from the program, if the competencies cannot be remediated.

Incompletes
Instructors may issue a grade of Incomplete only when health or other emergency reasons prevent the student from finishing all the requirements in the course. The instructor and the student will establish a deadline by which all work will be completed, but typically no later than:
- April 5 following Incompletes given for a fall term;
- September 5 for Incompletes given for a spring term;
- December 5 following Incompletes given for a summer term.

If an Incomplete is issued, the grade of incomplete (designated as “I”) will appear on the student’s transcript. If the agreed upon coursework is not completed in the period allotted and an extension has not been granted by school administration, the grade will be changed to No Pass (N).

Academic Remediation Policy and Procedure
Students who are experiencing difficulty acquiring and/or demonstrating satisfactory knowledge and skills may be provided with the opportunity for a structured and individualized remediation program with intensive input from the instructor-of-record and the school’s Academic and Professional Standards Committee. The process for the remediation is outlined below. For the process specific to remediation in the clinical arena, see the “Clinical Remediation Policy and Procedure” section in Chapter VI: Clinical Education. The general academic remediation process is as follows:
1. The need for remediation will be identified by the relevant course instructor or clinical preceptor. Students whose academic performance is below expectations will be identified for remediation as soon as possible. Remediation will be recommended for any student earning below the required minimum passing score of 85%.

2. A meeting will be scheduled with the student, the instructor-of-record, the supervising faculty member, and/or the clinical education coordinator, as relevant, to review the concerns and to discuss the need for a remediation plan. The remediation procedure will be reviewed by the school’s Academic and Professional Standards Committee.

3. The student, instructor-of-record, supervisory faculty member, and/or clinical education coordinator, as relevant, will set up a remediation planning meeting within one week of the previous meeting. The student may invite another student or faculty member to the meeting.

4. A formal remediation plan will be developed to address each area of concern and will include specific goals and objectives and an indication of the means and methods to be used. A timeline for meeting the goals and objectives will be included in the plan. The plan will be signed and dated by the student, instructor-of-record, supervisory faculty member, and the clinical education coordinator, as relevant.

5. The instructor-of-record, the supervisory faculty member, and/or the clinical education coordinator, as relevant, and the student will meet weekly at a minimum and may meet more often if necessary. The purpose of the remediation meeting is to facilitate and monitor progress toward the stated goals and objectives.

6. The remediation plan will include expectations and timelines for progression in the program. If a student receives an overall final grade of No Pass for the course, the matter will be referred to the school’s Academic and Professional Standards Committee for consideration of other disciplinary action, including extension of the student’s program of study. Failure by the student to successfully remediate any deficiencies could lead to probation and/or dismissal from the program.

**Grade Changes**

Once a course grade has been submitted, electronically or by hand, to the registrar, it is considered final and may be changed within one year of completing the course only in the case of recording, posting, or computation errors. The course instructor must complete and submit a Grade Change Request form to the school’s director for approval.

**Probation and Dismissal**

Students who receive a grade of No Pass for any course may be placed on academic probation following discussion with the school’s Academic and Professional Standards Committee. Students who successfully remediate a deficient course will be removed from academic probation. Students may also be placed on academic probation based on failure to comply with school, college, or university rules and procedures or inappropriate professional or ethical conduct. Students on academic probation will be required to meet with their academic advisor on a schedule established jointly by the student and advisor. The advisor will work with the student to develop a student action plan that outlines the expectations of the student during the probationary period. Criteria for continued progression through the program will be
determined as part of the terms of the probation. Students who are unable to remediate course deficiencies or who fail to comply with school, college, or university rules and procedures, or who engage in inappropriate professional or ethical conduct may face disciplinary consequences up to and including dismissal from the program. Students who are dismissed from the program may not apply for re-admission to the program.

**Student Review Process – Academic, Clinical, or Professional Concerns**

**Academic and Professional Standards Committee**
The Academic and Professional Standards Committee is established to oversee and implement all policies and procedures related to academic review and unprofessional conduct.

The Committee will:
1. Review and update policies and procedures annually
2. Review the progress of students identified with substandard academic or behavioral performance at least once per term
   a. Evaluate, discuss and recommend specific outcomes and expectations (action plan, etc.)
   b. Hold hearings as necessary
3. Document proceedings and outcomes, including communication with students according to designated timelines
4. Create recommendations and share with the Director of the School of Audiology.

The Committee consists of 3 voting members. Members are appointed by the Director in staggered terms. Each term will be 3 years. If a conflict of interest is noted, an alternative will be identified. The members will vote a Chair annually.

All members have equal voting rights. A quorum is defined as a majority of members present.

After a decision, the Chair will document Committee decisions and submit documentation to Box for preservation of information.

Students are reviewed each semester to ensure they are making adequate and appropriate progress through their program. Reviews are conducted as soon as grades are final at the end of each term or more often. When a student is not meeting standards and dismissal from the program is a possibility, an Academic Performance Hearing by the Academic and Professional Standards Committee will be held. Students are not dismissed without the opportunity to participate in a hearing.

Hearing procedures for Academic performance and Unprofessional Behavior are described as follows:

**Academic Performance Hearing**

Within 5 University business days of the initial review, the student is notified of the day and time of the hearing, which will be scheduled for a time that does not conflict with the student’s class schedule or other academic activities. The notification should include a list of Committee members who will be in attendance so the student has an opportunity to identify any conflict of interest. *(See Glossary for definition of “Conflict of Interest”)* Concurrently, Committee members are given the name of the student to be reviewed in order to identify a possible conflict of interest. Potential conflicts of interest should be disclosed to the Chair within a reasonable time in advance of the hearing to avoid a delay.
The student may be given the option of attending through Skype, or other remote access, when appropriate. If the student chooses not to participate in the process, the hearing will proceed as scheduled. The hearing will be scheduled within 10 University business days of the date in which the notification to the student was sent.

The student has the right to have an advisor selected from the University community with him or her during the hearing. The advisor must be a member of the University community and may not be an attorney. The student is responsible for presenting her/his own information, and therefore, advisors are not permitted to speak or to participate directly in any Committee hearing. The student should select as an advisor a person whose schedule allows attendance at the scheduled date and time for the Committee hearing because delays may not be allowed.

A typical hearing will follow this sequence:

1. A preliminary meeting of voting Committee members is held to review procedures.
   - All voting Committee members will be present and participating unless one or more are excused because a conflict of interest has been disclosed, or they are excused by the Director for appropriate personal or professional reasons. Alternates shall serve on behalf of absent/excused Committee members. The definition of “Conflict of Interest” should be included in the Bylaws for the Committee and should be provided to the student being reviewed well in advance of the hearing, together with a list of Committee members who will be in attendance. See Glossary for definition of “Conflict of Interest”.
   - All conflicts of interest that have not been resolved in advance of the hearing are disclosed. Persons with conflicts of interest may be excused at their request or by vote of the Committee and replaced by an alternate.
   - A maximum of one voting member may be absent for a hearing to be conducted. If more than one voting member is absent because of conflict of interest or unavailability, a replacement faculty member may be replaced by an alternate.
   - The Secretary is responsible for documenting the minutes, excluding deliberations and ballots.

2. The student is brought in and the Chair explains that the proceedings will be audio-recorded and recording is started. All Committee members introduce themselves for the record.
   - During the hearing, the student has the right to be present at all times when information is being received by the Committee.
   - The student is given a final opportunity to object to the presence of any Committee member because of conflict of interest. (The first opportunity is with the written notification to the student which includes the names of committee members.) The reasons for the presumed conflict must be stated. The Committee member may then choose to excuse him- or herself. If the Committee member does not excuse him- or herself, a majority vote by the remaining Committee members will determine whether the member stays or is excused. To the extent possible, conflicts of interest should be identified in advance of the scheduled hearing so alternate Committee members may be present to avoid a delay in the process.
3. The Committee Chair presents the academic information that led to the hearing. The student may respond to the information and include statements about what contributed to his/her academic struggles.

4. Voting members of the Committee may ask questions of the student.

5. The student is excused. The Committee then deliberates in closed session and determines if there will be any change in academic status, up to and including dismissal from the program.

   - Committee deliberations are not recorded and may not be disclosed outside of hearing.
   - The Committee initially formulates a motion and votes by paper ballot.
   - Decisions are made based on a majority vote.

6. Following deliberations, the Committee will forward its decision to the Director for review. When the Director affirms the decision, then the Chair finalizes the letter and sends it to the student. If there is a difference of opinion regarding outcome, the Director will meet with the committee to reach a resolution by consensus.

7. A written appeal of a Committee decision may be made at the College level in accordance with the College bylaws which are available for review at http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions.

8. If the student wishes to appeal the College’s decision, a further appeal may be made to the University Provost/Vice President for Academic Affairs in accordance with the procedures of the University Standards and Appeals Board as outlined in the Faculty and Governance Handbook.

9. The Secretary retains recordings, minutes, and other relevant documents of the hearing and transfers these records to his/her successor. Ballots are shredded. The length of time such records are retained shall be in accordance with University policy.

Unprofessional Behavior Hearing (including academic misconduct)

Allegations of unprofessional behavior include actions that are contrary to the School stated expectations of conduct. Alleged violations of Title IX need to be referred to the Pacific University Title IX Coordinator. For alleged violations of the Pacific University Student Code of Conduct, the Committee Chair should consult with the Office of Student Conduct to determine how the case should be adjudicated.

Allegations of unprofessional behavior must be submitted in writing to the Director and cannot be anonymous. Once an allegation is brought to the Academic and Professional Standards Committee, the Committee will hold a hearing to consider the allegation.

Prior to the hearing, the Chair will review the allegation with the Director and determines if there are other individuals who might have knowledge of the incident concerned with the allegation.
If there are possible witnesses, the Chair and one other member of the Committee will meet with those individuals to determine if they should be called as witnesses during the hearing. The purpose of this initial meeting is not to gather testimony, but to determine whether or not the identified witness has direct knowledge regarding the allegation. “Character” witnesses are not a necessary or appropriate part of this process.

- Confidential contemporaneous notes of all such meetings, including date, time and place, should be taken.
- Potential witnesses are asked, and expected, to cooperate with the investigation.

The parties at the hearing are the Complainant and the Respondent Documents presented to the Committee and the audio-recording of statements made by the Complainant, witnesses, and the Respondent will be maintained by the Secretary of the Committee consistent with University policy. In the case of dismissals, records are kept indefinitely and transferred by the Secretary to his/her successors.

Within 5 University business days of the allegation, the Complainant and the Respondent will be notified of the day and time of the hearing, which will be scheduled for a time that does not conflict with class schedules or other academic activities. The notification should include a list of Committee members who will be in attendance so the parties have an opportunity to identify any conflict of interest. (See Glossary for definition of “Conflict of Interest”) Concurrently, Committee members are given the name of the Complainant and the Respondent to be reviewed in order to identify a possible conflict of interest. Potential conflicts of interest should be disclosed to the Chair within a reasonable time in advance of the hearing to avoid a delay.

The Complainant and the Respondent may be given the option of attending through Skype, or other remote access, when appropriate. If the Complainant and the Respondent choose not to participate in the process, the hearing will proceed as scheduled. The hearing will be scheduled within 10 University business days of the date in which the notification to the parties was sent.

The Complainant and the Respondent have the right to have an advisor selected from the University community with him or her while testimony is being received. The advisor must be a member of the University community and may not be an attorney unless criminal charges are pending or likely. The Complainant and the Respondent are responsible for presenting her/his own information, and therefore, advisors (including attorney advisors when criminal charges are pending or likely) are not permitted to speak or to participate directly in any Committee hearing. The Complainant and the Respondent should select as an advisor a person whose schedule allows attendance at the scheduled date and time for the Committee hearing because delays may not be allowed. The University reserves the right to have legal counsel present if a student has an attorney of his/her choice present during the hearing, where criminal charges are pending or likely.

Pacific University uses “preponderance of evidence” as the decision-making standard for student conduct processes. A student is found in violation of a policy if the Committee determines that it is more likely than not (i.e. 51 percent likely) that the violation occurred.
A typical hearing will follow this sequence:

1. A preliminary meeting of voting Committee members is held to review procedures and the allegation.
   - All voting Committee members will be present and participating unless one or more are excused because they brought the allegation, a conflict of interest has been disclosed, or they are excused by the Director for appropriate personal or professional reasons. Alternates shall serve on behalf of absent/excused Committee members.
   - All conflicts of interest and prior discussions with involved parties are disclosed. Persons with conflicts of interest can be excused at their request or by vote of the Committee and replaced by an alternate.
   - A maximum of one voting member can be absent for a hearing to be conducted. If more than one voting member is absent because of conflict of interest or unavailability, a replacement faculty member can be replaced by an alternate.
   - The Secretary keeps minutes.

2. The Respondent is brought in and the Chair explains that the proceedings will be audio-recorded and recording is started. Recording is stopped during periods in which persons giving testimony are entering and exiting the room. All Committee members introduce themselves for the record. The accusation is reviewed with the Respondent.
   - During the hearing, the Respondent has the right to be present at all times when evidence or testimony is being received by the Committee.
   - The Respondent cannot directly address any person presenting evidence or testimony but may formulate questions in writing and submit them to the Chair who reserves discretion with respect to relevancy and propriety, whether to ask them. All questions must be proper and relevant to the issue at hand.
   - The Respondent is given a final opportunity to object to the presence of any Committee member because of conflict of interest. They may object to the presence of any Committee member because of bias. The reasons for the presumed bias must be stated. The Committee member can then choose to excuse him- or herself. If the Committee member does not excuse him- or herself, a majority vote by the remaining Committee members will determine whether the member stays or is excused. To the extent possible, conflicts of interest should be identified in advance of the scheduled hearing so alternate Committee members can be present to avoid a delay in the process.
   - The Chair informs the Respondent that s/he has two options during the hearing: to remain silent or to speak in truth.

3. The Complainant is then brought in and introduced by the Chair.
   - It is explained that the information he or she is about to give will be audio recorded, and the recording is started.
   - It is also explained that only direct observations or evidence may be presented. The Complainant is asked about conflicts of interest and may be asked about any substantive interactions with the Respondent other than the specific incident.
   - The Chair informs the Complainant that s/he has two options during the hearing: to remain silent or to speak in truth.
   - The Complainant then presents information to the Committee.
4. Witnesses are called individually to provide testimony. Prior to being interviewed, The Chair administers the oath to each Witness: “Repeat after me: I (state your name) recognize I have two options: to speak or to remain silent, but if I do speak, I promise to tell the truth. “ The Committee may ask questions of the Witness.

- Once the Committee has completed its interview of a witness he/she is excused from the proceedings. Witnesses, other than the Respondent, should not have the ability to hear statements of other witnesses.

5. The Respondent is then allowed to present information to the Committee.

- The Respondent is given an opportunity to respond to the allegation and other information presented to the Committee.
- Voting members of the Committee can then ask questions.
- Following this, both the Respondent and the Complainant are excused but both must remain available for questions.
- Audio recording is concluded.
- If there are contradictions between statements made by the Complainant and the Respondent, the Committee can bring both back into the hearing room and review the areas of contradiction. Audio recording is resumed.
- The Complainant and the Respondent can then submit written questions for each other, which will be reviewed by the Chair who reserves discretion with respect to relevancy and propriety, whether to ask them.
- The questioning process will continue until the Committee is satisfied that the contradictions have been resolved or it has been determined that they cannot be resolved.
- Should evidence be presented for which the Respondent identifies a need for further investigation the Respondent may request a reasonable delay in the proceedings. The committee will vote on this request in closed session.
- If at any time during the proceedings the committee determines that further investigation is needed or that there are other possible witnesses it can vote to suspend the hearing to conduct such an investigation.

6. The Committee then deliberates in closed session concerning the alleged violation and determines an appropriate sanction (if any).

- Committee deliberations are not recorded and may not be disclosed outside of hearing.
- The Committee initially formulates a motion regarding the merit of the allegation. When the decision is made, the Complainant and Respondent are brought back into the hearing room so the decision can be delivered.
- If the Respondent is found in violation, the Committee can ask the Respondent if s/he has any thoughts regarding appropriate sanctions. The Committee will then deliberate in closed session to determine sanctions.
- Paper ballots are taken for motions at hearings. Decisions are made based on a majority vote; committee members will base their individual votes on the weight of evidence presented to them.

7. Following deliberations, the Committee will notify the Director of the Committee’s decision regarding the allegation and any sanction imposed by the Committee. The Director can affirm the decision or, if there is a difference of opinion, will meet with the committee to reach a resolution by consensus. When the decision is final, the Committee Chair will notify, in writing, both the Complainant and Respondent of the outcome.

   - Sanctions may include dismissal, counseling recommendation, remediation, professional development related to the subject offense, special work, or other actions deemed appropriate by the Committee.
   - A separate communication will advise the Complainant of the Committee’s decision regarding the allegation, but not the details of specific sanctions.

8. If a student is dismissed from the School as a result of Committee action, the Director immediately follows appropriate protocol and notifies appropriate administrators.

9. A written appeal of a Committee decision can be made to the Dean of the College in accordance the College bylaws which are available for review at [http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions](http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions).

10. If the student wishes to appeal the Dean’s decision, a further appeal can be made to the University Provost and Vice President for Academic Affairs in accordance with the procedures of the University Standards and Appeals Board as outlined in the Faculty and Governance Handbook.

11. The Secretary retains recordings, minutes, and other relevant documents of the hearing and transfers these records to his/her successor. Ballots are shredded. The length of time such records are retained shall be in accordance with University policy.

   - When privacy concerns or extenuating circumstances exist that may severely compromise the ability to conduct a fair hearing, the Committee may allow testimony to be offered in a manner that protects the witness from humiliation or other duress, but allows the Committee and the Respondent full hearing of the evidence presented.
   - When extenuating circumstances prevent the Complainant from physically being present at the hearing the Committee may allow testimony to be offered in a manner deemed appropriate by the Committee and available to the Respondent.
   - All allegations brought before the Review Committee will be resolved within 10 (ten) University working days.

12. If during the above process, information discovered indicates possible risks or threats to personal safety of students or others, the situation must immediately be brought to the attention of the Dean orally and in writing with copies to the Vice President of Enrollment Management and Student Affairs, Dean of Students, Office of Student Services, and the Chair.
GLOSSARY FOR STUDENT REVIEW PROCESS

ACTION PLAN - Specific assignments, remediations, and expected behaviors/responsibilities stipulated to a student by the Director, which are to be completed according to a detailed timeline prior to returning to “Good Standing”. An Action Plan can be created in conjunction with a change in status (i.e. Warning or Probation) or to outline requirements for a student re-entering after a temporary exit (i.e. Leave of Absence, Suspension).

APPEAL – A student’s formal written request for a hearing regarding a prior decision. There are two levels of appeal available to any student – at the College (which oversees the student’s program) and at the University. Appeals need to meet certain criteria, which are defined in the respective handbooks for the Colleges and the University.

APPEAL HEARING – A formal meeting between the student and an Appeal Committee to review the student’s Appeal and to resolve questions or issues related to the Appeal.

CONFLICT OF INTEREST - Conflict of interest: Any member of a committee having information that could impair his/her impartiality or give rise to a potential or actual conflict of interest shall recuse him/herself from decision-making responsibility during the review or hearing process and be replaced by an alternate. Conflict of interest disclosures by a committee member or student must include sufficient detail to persuade the committee that an injustice would result from his/her service in a decision-making capacity. Disclosures based merely on casual acquaintance or classroom interactions are not recognized as potential biases.

COMPLAINANT – The person (faculty, staff, student or administrator) who brings forward an allegation of a student or student group violation of program, school, college or university policy which is actionable and may result in an unprofessional behavior hearing.

DISMISSAL – Status to be used when the concerns about a student are so serious, or of a chronic nature, that permanent separation from program and the University is warranted. It is unnecessary to distinguish a Dismissal from an Expulsion. Currently students are told that if they are dismissed, they may reapply for admission in the future whereas Expulsion means that reapplication is not allowed. However there are no mechanisms that would prevent any prospective student from applying to any of the programs at the University. It is up to the schools to decide how, and if, they will review applications.

DUE PROCESS – Students should be afforded due process when they are going through a hearing or similar formal action. The main aspects of due process are:

- Advanced notice of issues
- In a timely manner
- Ability to confront your accuser
- In front of a neutral hearing authority which is empowered to make a decision

EXIT – When a student leaves the University, either temporarily or permanently, prior to completing a degree. Exits can be voluntary (Withdrawal, Leave of Absence) or involuntary (Suspension, Dismissal).
**GOOD STANDING** – A status to indicate a student’s satisfactory and expected academic progress through a program. A status of Warning or Probation is not considered Good Standing.

**HEARING** – A formal meeting between the student and a neutral committee/panel; typically occurs at a program or school level. The committee/panel reviews the relevant information and arrives at a formal decision. The outcome from a Hearing is communicated to the student in a formal document within 5 (five) University Business Days.

**INCOMPLETE (grade)** – Majority of coursework is completed satisfactorily, but health or other extenuating circumstances keep the student from completing the course. Incompletes should be used in the spirit of this definition and not as a placeholder unrelated to health or personal issues, or as a means to force remediation. Any questions about use of the grade of Incomplete should be referred to the Registrar’s Office.

**LEAVE OF ABSENCE (LOA)** – When a student requests a break in their program for medical or personal reasons, and has a pre-arranged return date. A student requesting an LOA should be encouraged to talk with University offices (Business Office, Financial Aid, International Programs), as appropriate, to understand potential ramifications of taking time away from their study. Students on a processed Leave retain their admitted status; however, they are not registered and therefore do not have the rights and privileges of registered students. An Action Plan will be created for the student that outlines the plan for return, including any modifications to curriculum. LOA is never used in lieu of suspension or dismissal to avoid academic consequences for substandard performance or inadequate progress.

**PREPONDERANCE OF EVIDENCE** – The decision making standard to be used during an unprofessional conduct hearing. The student review committee determines if a student is in violation of a school, program, college or university policy if it is more likely than not that the violation occurred. In other words, the committee must decide if it is 51 percent likely that the violation occurred.

**PROBATION** – Status to be used when a student has area(s) of significant concern. Students on Probation need to make significant and immediate changes as outlined in their Action Plan. Students placed on Probation remain enrolled; this status does NOT signify an exit from the university.

**RESPONDENT** – The student or student group accused of violating school, program, college or university policy.

**STUDENT REVIEW COMMITTEE** – A group that exists at the School level in order to render decisions about student progression for those in academic jeopardy, and to adjudicate cases of unprofessional behavior. For Colleges without a School structure, this committee should exist at the College level but be separate from any appeals committee.

**SUSPENSION** – Status to be used when the concerns about a student are significant enough to warrant a temporary and defined separation from the program with the expectation that the student will return. Suspensions may include specific stipulations that must be met prior to return (Action Plan). Failure of students to complete required stipulations of Suspension should be considered Unprofessional Behavior and reviewed as such.
UNIVERSITY BUSINESS DAYS – When defining timelines, “University Business Days” is defined as days that are not Saturday or Sunday and days that are not University recognized holidays (Human Resources website). University Business Days may include days when classes are not in session, but the University is open.

UNPROFESSIONAL BEHAVIOR – Actions or attitudes that are contrary to a School/College’s stated expectations of conduct (i.e. code of ethics, pledge of professionalism) or Pacific University’s Student Code of Conduct. These actions or attitudes could be exhibited in a classroom, clinic or off-campus setting and include academic misconduct (i.e. cheating, plagiarism).

WARNING – Status to be used when a student has area/s of concern which may be academic, professional, or clinical in nature. Students on Warning need to make measurable changes as outlined in their Action Plan.

WITHDRAWAL – A student can voluntarily Withdraw from the program at any time*, for any reason, with no intention of returning to the program. A student who plans to return at a later date should be advised to consider a Leave of Absence rather than Withdrawal. If a student is accused of an actionable offense and withdraws from the school or college before the administrative process takes place, that process shall move forward and the outcome will remain part of the student’s record.”

Students who withdraw completely from all classes may be eligible for a refund of all or a portion of their University charges. The policy of refunding University charges reflects the formula prescribed in Federal law that governs the return of Federal funds to the appropriate financial aid programs. Refunds on all charges will be prorated on a per diem basis up to the 66% point in the semester. Students who withdraw before the first day of classes will be refunded 100% of their charges; students who withdraw after the 66% point in the semester will not be eligible for a refund. A copy of the refund schedule is available from the Financial Aid Office.

*Withdrawing after the 66% point of any term will result in grades of “F” for all courses, unless overridden by the Director of the respective school. Contact the Registrar’s Office with any questions.

WITNESS – A person identified by a student review committee, respondent or complainant who may have direct knowledge of the incidents related to an allegation. Witnesses who can only speak to the personality or moral character of the Respondent or Complainant (“Character Witnesses”) are not permitted in hearings.

Policy for Addressing Student Complaints and Problems
The following section summarizes the School of Audiology’s policy for addressing students’ complaints and problems. For clinic-specific policies, see the “Policy for Student Grievances in Clinical Arena” section in Chapter VI: Clinical Education of this handbook. Students are welcome to bring any questions about these policies to the director of the school.

Open Door Policy
All faculty and staff of the School of Audiology support an open-door policy. Students are welcome to meet with the director of the School of Audiology or with the school’s faculty and staff at any time regarding any topic, whether academic, clinical, or personal, as desired.
Students can also always reach out to Melodye MacAlpine, director of graduate/professional student services in the Office of Student Life; Ms. MacAlpine may be reached at 503-352-7215 or mmacalpine@pacificu.edu.

**University Policies for Grade Grievances and Sexual Harassment**

All students in the doctoral audiology program are referred to the university’s academic catalog, available via [www.pacificu.edu/about-us/offices/registrar/academic-catalog](http://www.pacificu.edu/about-us/offices/registrar/academic-catalog), for an outline of the university’s policies concerning grade grievances and sexual harassment.

**Conflicts**

In some cases, a student may disagree with faculty member, clinical preceptor, or fellow student to the extent that the situation warrants communication and action to reach an optimal resolution. The following policies and procedures have been established to guide the process:

1. Students are encouraged to meet with the specific faculty member/preceptor/student who is directly involved in the situation. The parties will discuss the concern and attempt to come to an agreement of the appropriate way to handle the situation. The student(s) and/or faculty member/preceptor may invite the clinical education coordinator or director of the school to this meeting, as appropriate to the situation.

2. If the issues are not able to be resolved at this level, the student should meet with the clinical education coordinator or director of the school, as appropriate to the situation, to share the concerns and attempt to come to an agreement of the appropriate way to resolve the situation.

3. Students have the option to appeal any decisions made by the director of the school and/or the school’s faculty/preceptors by following the appeals procedures of the College of Health Professions – contact the Office of the Executive Dean of the College of Health Professions for more information; the executive dean’s office can be reached by calling 503.352.2622 or visiting in person at Building HPC2 on the Hillsboro Campus (190 SE 8th Ave, Suite 230).

**Accreditation Complaints**

Information on addressing accreditation complaints is available in the “CAA Complaint Procedures” section in Chapter III: Program Overview of this handbook and on the school of Audiology’s website ([www.pacificu.edu/future-graduate-professional/colleges/college-health-professions/areas-study/audiology/accreditation](http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions/areas-study/audiology/accreditation)). For complete information on the CAA complaint procedures, see [http://www.asha.org/Academic/accreditation/Accreditation-Handbook](http://www.asha.org/Academic/accreditation/Accreditation-Handbook).

**Appeals Procedure**

A student in the doctoral audiology program may appeal a decision of the school related to academic standing in the program by submitting a signed letter to the executive dean of the College of Health Professions within ten (10) business days of the decision. More information on the appeals procedures is included in the college’s bylaws, which are available for review at [http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions](http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions).
CHAPTER VI: CLINICAL EDUCATION

Overview
The clinical component of the doctoral audiology program is designed to give students multiple opportunities for practicum in various clinical settings. Clinical practica are infused throughout the program each semester and provide opportunities for students to integrate and apply academic learning at progressively higher levels of performance and independence. Clinical sites include the school’s on-site audiology clinic in addition to external clinical practice settings in hospitals, medical centers, medical clinics, private audiology practices, retirement communities, assisted living facilities, and a variety of other clinical sites. Detailed information about clinic policies and procedures are provided in the school’s Student Handbook: Clinical Manual, available via http://www.pacificu.edu/current-graduate-professional/academics/areas-study/audiology/student-resources.

CPR Training
In the typical three-year course of study, all students in the AuD program are required to complete CPR training, which is valid for two years, at the start of their first academic semester and again during their final academic semester prior to their externship. A student’s CPR certificate must be valid during all clinical experiences throughout the program, so additional certifications may be needed for atypical programs of longer duration. CPR training will be scheduled by school administration. It is each student’s responsibility to provide documented proof of completion of the CPR training to school administration. Each student will be responsible for the cost of each two-year certification. Students may be required by a clinical site to complete additional on-site training.

Bloodborne/Airborne Pathogens & Infection Control Training
All students in the AuD program are required to complete bloodborne/airborne pathogens exposure and infection control training during the first semester of the AuD program. Completion of this training is required prior to practicum placements at clinical sites. Students may be required by a clinical site to complete additional on-site training.

General infection control guidelines include the following:
- A puncture injury or a mucous membrane or non-intact skin exposure to blood/body fluids should be considered potentially infectious, regardless of the source. In the event of a high-risk exposure:
  - The site should immediately and thoroughly be washed with soap and water, or the eye/mucous membrane with water or saline.
  - A student who has experienced a puncture injury, or a mucous membrane or non-intact skin exposure to blood/body fluids, should immediately assess the level of risk for transmission of bloodborne pathogens.
- If exposure is considered high risk for transmission of HIV or Hepatitis B, the student should immediately (within two [2] hours) be evaluated at a hospital emergency department.
- If the student is uncertain whether injury warrants an Emergency Department visit, the student should do one or more of the following:
  - Call the Post Exposure Prophylaxis (PEP) hotline at: 888.448.4911
  - Call an Emergency Department for advice
  - Call the Student Health Center (during open hours) at: 503.352.2269.
Before beginning the doctoral audiology program into the AuD program, students are required to complete a criminal background check through Certiphi. Per Oregon law (OAR 409-030), students must complete a background check within three months of entrance into the program. Additional background checks may be required by clinical sites and for post-graduation licensure. The results of the background checks are posted to the Certiphi secure website where the student as well as designated school personnel involved in admissions can view the background check results. For more information, see www.certiphi.com/. Students are responsible for all costs associated with criminal background checks.

Notices

**WARNING – HIGH-RISK EXPOSURE:** A puncture injury or a mucous membrane or non-intact skin exposure to blood/body fluids should be considered potentially infectious, regardless of the source. High-risk exposure requires immediate post-exposure prophylaxis treatment. Do not delay in seeking advice. If exposure is considered high risk for transmission of HIV or Hepatitis B, the student should immediately (within two [2] hours) be evaluated at a hospital emergency department.

**WARNING – SPILL CLEAN-UP:** Do not attempt to clean up any spills of human blood or other potentially infectious body materials. Campus Public Safety (CPS), Custodial Staff, and Resident Directors have been trained for spill cleanups. For assistance dealing with spills of bodily fluids containing visible blood:

- During business hours, contact custodial staff at: 503.352.2213
- During non-business hours:
  - Contact Campus Public Safety at: 503.352.2230
  - Contact the Resident Director if the spill is in an on-campus housing area

Additional Required Trainings

Additional checks and trainings are required during the program. These include but are not limited to: reporting child abuse, fire and electrical safety training, personal protective equipment training, and hazard communications training. Information about these and other required checks and trainings will be provided students at the start of the program.

**Criminal Background Check**

**NOTICE – CRIMINAL BACKGROUND CHECK:** Findings on a criminal background check may prevent matriculation into the doctoral audiology program, placement at clinical sites, and/or progression through the program. Additionally, findings on a criminal background check may prevent students from being eligible for professional licensure and/or certification after graduation.
HIPAA/Privacy Training

The Health Insurance Portability and Accountability Act (HIPAA) regulates handling of protected health information (PHI) at all stages of healthcare delivery. All students in the doctoral audiology program are required to complete HIPAA training as part of clinical orientation. It is each student’s responsibility to maintain documentation of completion of the required HIPAA training. Additional information and training on protecting confidential patient health records will be provided during the program as needed. Students may also be required by a clinical site to complete additional on-site training.

**NOTICE – CONFIDENTIALITY OF PHI:** Violation of the confidentiality of protected health information (PHI) can lead to disciplinary action, up to and including dismissal from the program.

Calipso Electronic Student Portfolio

All incoming doctoral audiology students will be required to set up an electronic portfolio through the Calipso program. A one-time student license fee is required to be paid by each student directly to Calipso. Students are responsible for setting up their own portfolio and for data entry of all clock hours and associated patient demographics from clinical work at their various clinical sites, both on and off-campus. Training for use of Calipso will be scheduled at the beginning of the first term.

The following information will be tracked through Calipso:
- Clinical data
  - Clinical competencies
  - Clinical evaluations
  - Clinical clock hours
- Patient demographics
  - Patients’ age ranges
  - Patients’ ethnicity
  - Patients’ primary language
  - Patients’ severity of audiologic disorder

Drug Testing

Before beginning the doctoral audiology program into the AuD program, students are required to take a drug test through Certiphi. Per Oregon law (OAR 409-030), students must complete a drug test within three months of entrance into the program. Additional drug tests may be required by clinical sites and for post-graduation licensure. The results of the drug test are posted to the Certiphi secure website where the student can view the drug test results. For more information, see www.certiphi.com/. Students are responsible for all costs associated with drug tests.

**NOTICE – DRUG TESTS:** Students are required to report any positive and negative dilute findings to the program director. Findings on a drug test may prevent matriculation into the doctoral audiology program, placement at clinical sites, and/or progression through the program. Additionally, findings on a drug test may prevent students from being eligible for professional licensure and/or certification after graduation.

Fingerprints

Fingerprints are not required at this time for admission into the doctoral audiology program but are required for an Oregon audiology license application following graduation and may be required by other states or agencies for licensure and/or professional credentialing. It is the student’s responsibility to obtain and provide fingerprints to a licensing or other entity if so required. Fingerprints may be obtained through CertifiedBackground.com for an additional fee, unless otherwise directed by the licensing
agency. Visit www.certiphi.com/ for more information. Students are responsible for all costs associated with fingerprinting.

**NOTICE – FINGERPRINT CHECKS:** Findings on a fingerprint check may prevent students from being placed at clinical sites and/or progressing through the program. Additionally, findings on fingerprint check may prevent students from being eligible for professional licensure and/or certification after graduation.

**Liability Insurance**
Clinical sites may require a student to have liability insurance coverage. The following coverage is maintained by Pacific University for employees and students. Students are covered under this policy if they are participating in a clinical experience that is part of their program of study at Pacific University, including the practicum assignments, clinical internships, and clinical externships of the doctoral audiology program. Students may choose to purchase additional liability insurance.

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<th>COVERAGE</th>
<th>LIMITS OF LIABILITY</th>
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<td>Professional Liability</td>
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</tr>
<tr>
<td>Excess Liability</td>
<td>$9,000,000 per year</td>
</tr>
<tr>
<td>Workers Compensation</td>
<td>Statutory, not including students</td>
</tr>
</tbody>
</table>

**Clinical Observation**
All students in the doctoral audiology program will complete a variety of supervised audiologic observation experiences during the first semester of the program in the Introduction to Clinical Practicum course and throughout the program, as assigned by the clinical education coordinators.

**Supervised Clinical Practice Hours ("Clock Hours")**
Students in the doctoral audiology program must complete a minimum of 1,820 clock hours of supervised clinical experience in the practice of audiology. Students will be assigned to supervised clinical practicum typically during the first semester of the program. Clinical clock hours can be obtained for the time the student is providing direct audiologic evaluation or treatment services and for related services that support clinical care, such as completing clinic notes, reports and hearing aid check-ins. During the final year of the program, the student must complete a 12-month externship and average a minimum of 35 work hours per week during that 12-month period.

**Clinical Populations**
Students in the doctoral audiology program will have practicum experience with patient populations across the life span and from culturally and linguistically diverse populations, in addition to populations with various types and severities of communication disorders, differences, and disabilities.

**Supervision**
Students in the doctoral audiology program are supervised by audiologists who hold a valid audiology license in the state in which they practice. For the minimum required 1,820 clock hours of supervised clinical experience, students who wish to be eligible for the Certificate of Clinical Competence in Audiology (CCC-A) from the American Speech-Language-Hearing Association (ASHA) must be supervised...
by licensed audiologists who also hold the ASHA CCC-A. For clock hours above the 1,820 minimum and for students who do not wish to be eligible for the ASHA CCC-A, students may be supervised by licensed audiologists who may or may not hold ASHA certification or other certification, such as Board Certification in Audiology from the American Board of Audiology. The clinical education specialist will verify each clinical preceptor’s current state license in the state in which they practice, ASHA certification, and other certification, such as ABA Board Certification in Audiology. A database of all clinical supervisors and their license and certification credentials will be maintained.

The nature and amount of clinical supervision are adjusted to the experience and ability of the student. Direct supervision must be in real time and must be no less than 25% of the student’s total contact with each patient and must take place periodically throughout the practicum.

**Placement of Students at Practicum Sites**

Doctoral audiology student will complete a variety of clinical experiences in a variety of clinical settings. Students will be expected to adhere to the rules and regulations regarding audiologic services that ensure the welfare of patients served at the site, including ethical practice and compliance with state and federal regulations.

The process of assigning students to clinical sites is the responsibility of the clinical education coordinators. Students may not contact sites and arrange their own practicum, although students will have the opportunity to provide input regarding their clinical placements. In cases where the clinical site has an application and interview process for students, the clinical education coordinators will inform students of the application process and timelines.

**Transportation**

Students in the doctoral audiology program are responsible for their own transportation to the university’s Hillsboro Campus in Hillsboro, Oregon, and to external clinical sites. If a student experiences difficulty arriving at the campus and/or external clinical sites on a timely basis, there may be academic consequences, up to and including dismissal from the program.

**Professional Dress**

Students in the doctoral audiology program are expected to abide by the dress code established by each clinical facility, including the school’s on-site audiology clinic. In general, attire should be appropriate for the setting as well as the activity in which the student is involved. See the school’s Student Handbook: Clinical Manual for specific requirements, available via [http://www.pacificu.edu/current-graduate-professional/academics/areas-study/audiology/student-resources](http://www.pacificu.edu/current-graduate-professional/academics/areas-study/audiology/student-resources).

**Name Tags and Lab Coats:** It is important that patients, families, visitors, and colleagues be able to easily identify students. Students are expected to wear their School of Audiology name tag and a lab coat during all clinical work in the school’s on-site audiology clinic and at external clinical facilities if required by the facility. Ordering information will be provided during orientation at the start of the program.

**Evaluation of Practicum Site and Preceptor by Student**

Students will complete an evaluation of the practicum site and preceptor at the completion of each practicum. During externship, they will evaluate their preceptor at the end of each semester. The evaluation will include descriptions of the clinical populations at the site and the types of clinical activities in which the student was engaged. In addition, the student will have an opportunity to indicate their level of preparedness for the site, to describe their impressions of the strengths and weaknesses of the experience, and to make additional comments regarding their experience and preceptor at the site.
**Evaluation of Clinical Skills – Sample Scoring Rubric**
Clinical skills may be rated on a variety of scales depending on the nature of the clinical experience. Below is an example of a grading rubric; other rubrics may be used in the program for various clinical experiences. For the complete sample grading rubric, see Appendix E: Sample Scoring Rubric for Clinical Practica.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skill</th>
<th>Student Performance/Behavior</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Skill is Consistent</td>
<td>Skill is consistent and well developed. Student can modify own behavior as needed and is an independent problem-solver. Student can maintain skills with other clients, and in other settings, when appropriate. Supervisor serves as consultant in areas where student has less experience; Provides guidance on ideas initiated by student (skill is present &gt;90% of the time). Student’s professional behavior is at a professional level.</td>
</tr>
<tr>
<td>4</td>
<td>Skill is Adequate</td>
<td>Skill is developed/implemented most of the time and needs continued refinement or consistency. Student is aware and can modify behavior in-sessional, and can self-evaluate. Problem-solving is independent. Supervisor acts as a collaborator to plan and suggest possible alternatives (skill is present 76-90% of the time). Student’s professional behavior is at a near-professional level.</td>
</tr>
<tr>
<td>3</td>
<td>Skill is Present</td>
<td>Skill is present and needs further development, refinement or consistency. Student is aware of need to modify behavior, but does not do this independently. Supervisor provides on-going monitoring and feedback; focuses on increasing student’s critical thinking on how/when to improve skill (skill is present 51-75% of the time). Student’s professional behavior is clearly evident and consistent, emerging at near-professional level.</td>
</tr>
<tr>
<td>2</td>
<td>Skill is Emerging</td>
<td>Skill is emerging, but is inconsistent or inadequate. Student shows awareness of need to change behavior with supervisor input. Supervisor frequently provides instructions and support for all aspects of case management and services (skill is present 26-50% of the time). Student’s professional behavior is evident and consistent.</td>
</tr>
<tr>
<td>1</td>
<td>Skill is Not Present</td>
<td>Skill not evident most of the time. Student requires direct instruction to modify behavior and is unaware of need to change. Supervisor must model behavior and implement the skill required for client to receive optimal care. Supervisor provides numerous instructions and frequent modeling (skill is present &lt;25% of the time). Student’s professional behavior is appropriate and emerging.</td>
</tr>
<tr>
<td>N/A</td>
<td>Not Applicable</td>
<td>These services are not offered at this clinical site, or the student did not engage in these activities while at this site.</td>
</tr>
</tbody>
</table>

**Evaluation of Clinical Skills**
Students in the doctoral audiology program will have the opportunity to provide supervised audioligic services to patients of all ages who present with a wide variety of audioligic needs. Students will demonstrate their clinical skill competencies through clinical practica, academic coursework, simulations, laboratory activities, skills check-offs, and clinical proficiency evaluations (CPEs). A student who is just beginning the clinical experience is expected to require more supervision and assistance than one with more experience. As students progress through the clinical levels, the expectations for independent clinical activity will increase. Students will be expected to have a broader base of
knowledge to apply to the clinical setting, and to implement clinical strategies more independently, efficiently, and effectively.

Students will be evaluated on their clinical skills and professional behavior using a variety of metrics. Below is a sample rubric:

a. **Clinical Observation Level/Year 1-Fall:** Students are expected to observe and critically analyze particular clinical skills and events, with directed guidance from the clinical supervisor, at a level appropriate to emerging clinical skills. Students are expected to evidence appropriate professional behavior with all parties involved throughout the observation experience. Students at this level are expected to earn ratings of 1 for clinical skills (i.e., “not evident”).

b. **Beginning Clinical Level/Year 1-Spring:** Students are expected to evidence particular skills with frequent supervisory input and instruction. Students at this level are expected to need general and specific direction consisting of direct discussion and demonstration, with frequent repetition and further clarification of ideas. Students at these levels are expected to earn ratings of ‘1’, ‘2’, & ‘3’ for clinical skills. Students are expected to earn an average rating of ‘2’ for clinical skills and evidence an appropriate level of professional behavior.

c. **Beginning Clinical Level/Year 1-Summer:** Students are expected to be more independent in their planning and implementation of assessment tools and intervention activities, but skills are still emerging. Students at this level continue to need general direction and demonstration, but with less frequent repetition and/or clarification. Students at this level are expected to earn ratings of ‘2’ and ‘3’ for clinical skills. Students are expected to earn an average rating of ‘2’ for clinical skills and evidence an appropriate level of professional behavior.

d. **Intermediate Clinical Level/Year 2-Fall-Spring:** Students are expected to be increasingly more independent, even though their skills might lack some consistency and need refinement. At this level, students show initiative, are able to problem-solve, and perform competently with limited discussion. Students at these levels are expected to earn ratings of ‘2’, ‘3’, and ‘4’ for clinical skills. Students are expected to earn an average rating of ‘3’ for clinical skills and evidence an appropriate level of professional behavior.

e. **Advanced Clinical Level/Year 2-Summer:** Students are expected to be quite independent and take the lead in problem-solving, showing initiative and performing competently. Clinical skills are more developed and consistent at this level. Students at this level are expected to earn ratings of 3 and 4 for clinical skills, although they may earn lower ratings in clinical situations that are new to the student (e.g., specialty areas, such as cochlear implants). Students are expected to earn an average of 3.4 for clinical skills, and evidence an appropriate level of professional behavior.

f. **Professional Clinical Level/Year 3-Externship:** Students are expected to function essentially independently and take the lead in problem-solving, showing initiative and performing competently and consistently at a professional to near-professional level in most all clinical interactions, other than those involving the development of specialty skills (e.g., cochlear implants). Students must reach ALL of the following “minimums” for externship:
   i. All evaluated standards (sections of grouped skills) must average 3.5.
   ii. All evaluated individual skills (skills within each section) must achieve no less than a 3.0 (“present”), while also meeting the above requirement.
   iii. Your overall evaluation must “meet expectations”.
*Some skills may be site-dependent & may be considered acceptable at a lower skill level at the preceptor &/or instructor’s discretion.

**Clinical Practicum Grading**

Clinical practicum will be graded on a Pass/No Pass basis. During each semester that a student is involved in clinical practica, a minimum of a midterm and final evaluation will be completed by their site clinical supervisor. Additional performance evaluations may be provided. Evaluations include competencies in the areas of: evaluation/diagnostic skills; intervention skills; preparedness, interaction, and personal qualities; and professionalism. Additional items may also contribute to a student’s grade; students are directed to each course’s syllabus for specific grading criteria. Students must receive a course grade of Pass in order to complete the practicum course satisfactorily and meet clinical skill competencies. If a student does not earn a grade of Pass in the practicum course, they may not be able to progress in the program and a remediation plan will be developed by the instructor of record and the school’s academic and professional standards committee.

**Clinical Remediation Policy and Procedure**

Students who are experiencing difficulty acquiring and/or demonstrating satisfactory clinical skills may be provided with the opportunity for a structured and individualized clinical remediation program with intensive input from the instructor-of-record, preceptor and the school’s Academic and Professional Standards Committee. The process for the remediation is as follows:

1. The need for clinical remediation will be identified by the scheduled midterm evaluation week. Students whose clinical performance is below expectations will be identified for remediation as soon as possible. An exception may occur if there is decreased performance after the midterm evaluation. Remediation will be recommended for any student earning below the required scores for their clinical level, as stated in the syllabus.

2. A meeting will be scheduled with the student, the instructor-of-record, the supervising faculty member, and/or the off-campus preceptor to review the midterm evaluation and to discuss the need for a remediation plan. The remediation procedure will be reviewed by the school’s Academic and Professional Standards Committee.

3. The student, instructor-of-record, supervisory faculty member, and/or off-campus preceptor will set up a remediation planning meeting within one week of the previous meeting.

4. A formal remediation plan will be developed to address each area of concern and will include specific goals and objectives and an indication of the means and methods to be used. A timeline for meeting the goals and objectives will be included in the plan. The plan will be signed and dated by the student, instructor-of-record, supervisory faculty member, and the off-campus preceptor, as appropriate.

5. The supervisory faculty member or the off-campus preceptor and the student will meet weekly at a minimum and may meet more often if necessary. The remediation meeting may take place at the clinic site or at the university. The purpose of the remediation meeting is to facilitate and monitor progress toward the stated goals and objectives.
6. The remediation plan will include expectations and timelines for progression to the next clinical level. If a student receives an overall final grade of No Pass for the clinical practicum, the student may not progress to the next level of clinical practicum and the matter will be referred to the school’s Academic and Professional Standards Committee.

**Policy for Student Grievances in Clinical Arena**

In some cases, a student may disagree with a faculty member to the extent that the situation warrants communication and action to reach an optimal resolution. The following policies and procedures have been established to guide students and faculty members:

1. Students are encouraged to meet with the specific faculty member who is directly involved in the situation. The parties will discuss the concern and attempt to come to an agreement of the appropriate way to handle the situation. The student and/or faculty member may invite the Clinical Education Team Lead to this meeting, as appropriate to the situation.

2. If the issues are not able to be resolved at this level, the student should meet with the Clinical Education Team Lead to share the concerns and attempt to come to an agreement of the appropriate way to resolve the situation.

3. In situations that are not resolved satisfactorily following the meeting with the Clinical Education Team Lead, a student may meet with the director of the school.

4. Students have the option to appeal any decisions made by the faculty and/or the director of the school by following the appeals procedures of the College of Health Professions. More information about those procedures are included in the college’s bylaws, which are available for review via [http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions](http://www.pacificu.edu/future-graduate-professional/colleges/college-health-professions).
APPENDIX A: AMERICAN ACADEMY OF AUDIOLOGY CODE OF ETHICS

AMERICAN ACADEMY OF AUDIOLOGY CODE OF ETHICS

PREAMBLE: The Code of Ethics of the American Academy of Audiology specifies professional standards that allow for the proper discharge of audiologists’ responsibilities to those served, and that protect the integrity of the profession. The Code of Ethics consists of two parts. The first part, the Statement of Principles and Rules, presents precepts that members (all categories of members, including Student Members) of the Academy agree to uphold. The second part, the Procedures, provides the process that enables enforcement of the Principles and Rules.

PRINCIPLE 1: Members shall provide professional services and conduct research with honesty and compassion, and shall respect the dignity, worth, and rights of those served.
   Rule 1a: Individuals shall not limit the delivery of professional services on any basis that is unjustifiable or irrelevant to the need for the potential benefit from such services.
   Rule 1b: Individuals shall not provide services except in a professional relationship, and shall not discriminate in the provision of services to individuals on the basis of sex, race, religion, national origin, sexual orientation, or general health.

PRINCIPLE 2: Members shall maintain high standards of professional competence in rendering services.
   Rule 2a: Members shall provide only those professional services for which they are qualified by education and experience.
   Rule 2b: Individuals shall use available resources, including referrals to other specialists, and shall not give or accept benefits or items of value for receiving or making referrals.
   Rule 2c: Individuals shall exercise all reasonable precautions to avoid injury to persons in the delivery of professional services or execution of research.
   Rule 2d: Individuals shall provide appropriate supervision and assume full responsibility for services delegated to supportive personnel. Individuals shall not delegate any service requiring professional competence to unqualified persons.
   Rule 2e: Individuals shall not knowingly permit personnel under their direct or indirect supervision to engage in any practice that is a violation of the Code of Ethics.
   Rule 2f: Individuals shall maintain professional competence, including participation in continuing education.

PRINCIPLE 3: Members shall maintain the confidentiality of the information and records of those receiving services or involved in research.
   Rule 3a: Individuals shall not reveal to unauthorized persons any professional or personal information obtained from the person served professionally, unless required by law.

PRINCIPLE 4: Members shall provide only services and products that are in the best interest of those served.
   Rule 4a: Individuals shall not exploit persons in the delivery of professional services.
   Rule 4b: Individuals shall not charge for services not rendered.
   Rule 4c: Individuals shall not participate in activities that constitute a conflict of professional interest.
   Rule 4d: Individuals using investigational procedures with human participants or prospectively collecting research data from human participants shall obtain full informed consent from the participants or legal representatives. Members conducting research with human participants or
animals shall follow accepted standards, such as those promulgated in the current Responsible Conduct of Research (current edition, 2009) by the U.S. Office of Research Integrity.

**PRINCIPLE 5:** Members shall provide accurate information about the nature and management of communicative disorders and about the services and products offered.

- Rule 5a: Individuals shall provide persons served with the information a reasonable person would want to know about the nature and possible effects of services rendered, or products provided or research being conducted.
- Rule 5b: Individuals may make a statement of prognosis, but shall not guarantee results, mislead, or misinform persons served or studied.
- Rule 5c: Individuals shall conduct and report product-related research only according to accepted standards of research practice.
- Rule 5d: Individuals shall not carry out teaching or research activities in a manner that constitutes an invasion of privacy, or that fails to inform persons fully about the nature and possible effects of these activities, affording all persons informed free choice of participation.
- Rule 5e: Individuals shall maintain accurate documentation of services rendered according to accepted medical, legal, and professional standards and requirements.

**PRINCIPLE 6:** Members shall comply with the ethical standards of the Academy with regard to public statements or publication.

- Rule 6a: Individuals shall not misrepresent their educational degrees, training, credentials, or competence. Only degrees earned from regionally accredited institutions in which training was obtained in audiology, or a directly related discipline, may be used in public statements concerning professional services.
- Rule 6b: Individuals' public statements about professional services, products, or research results shall not contain representations or claims that are false, misleading, or deceptive.

**PRINCIPLE 7:** Members shall honor their responsibilities to the public and to professional colleagues.

- Rule 7a: Individuals shall not use professional or commercial affiliations in any way that would limit services to or mislead patients or colleagues.
- Rule 7b: Individuals shall inform colleagues and the public in an objective manner consistent with professional standards about products and services they have developed or research they have conducted.

**PRINCIPLE 8:** Members shall uphold the dignity of the profession and freely accept the Academy's self-imposed standards.

- Rule 8a: Individuals shall not violate these Principles and Rules, nor attempt to circumvent them.
- Rule 8b: Individuals shall not engage in dishonesty or illegal conduct that adversely reflects on the profession.
- Rule 8c: Individuals shall inform the Ethical Practices Committee when there are reasons to believe that a member of the Academy may have violated the Code of Ethics.
- Rule 8d: Individuals shall fully cooperate with reviews being conducted by the Ethical Practices Committee in any matter related to the Code of Ethics.
APPENDIX B: ASHA CODE OF ETHICS

AMERICAN SPEECH-LANGUAGE-HEARING ASSOCIATION (ASHA) CODE OF ETHICS

PREAMBLE The American Speech-Language-Hearing Association (ASHA; hereafter, also known as “The Association”) has been committed to a framework of common principles and standards of practice since ASHA’s inception in 1925. This commitment was formalized in 1952 as the Association’s first Code of Ethics. This Code has been modified and adapted as society and the professions have changed. The Code of Ethics reflects what we value as professionals and establishes expectations for our scientific and clinical practice based on principles of duty, accountability, fairness, and responsibility. The ASHA Code of Ethics is intended to ensure the welfare of the consumer and to protect the reputation and integrity of the professions.

The ASHA Code of Ethics is a framework and focused guide for professionals in support of day-to-day decision making related to professional conduct. The Code is partly obligatory and disciplinary and partly aspirational and descriptive in that it defines the professional’s role. The Code educates professionals in the discipline, as well as students, other professionals, and the public, regarding ethical principles and standards that direct professional conduct.

The preservation of the highest standards of integrity and ethical principles is vital to the responsible discharge of obligations by audiologists, speech-language pathologists, and speech, language, and hearing scientists who serve as clinicians, educators, mentors, researchers, supervisors, and administrators. This Code of Ethics sets forth the fundamental principles and rules considered essential to this purpose and is applicable to the following individuals:

• a member of the American Speech-Language-Hearing Association holding the Certificate of Clinical Competence (CCC)
• a member of the Association not holding the Certificate of Clinical Competence (CCC)
• a nonmember of the Association holding the Certificate of Clinical Competence (CCC)
• an applicant for certification, or for membership and certification

By holding ASHA certification or membership, or through application for such, all individuals are automatically subject to the jurisdiction of the Board of Ethics for ethics complaint adjudication. Individuals who provide clinical services and who also desire membership in the Association must hold the CCC.

The fundamentals of ethical conduct are described by Principles of Ethics and by Rules of Ethics. The four Principles of Ethics form the underlying philosophical basis for the Code of Ethics and are reflected in the following areas: (I) responsibility to persons served professionally and to research participants, both human and animal; (II) responsibility for one’s professional competence; (III) responsibility to the public; and (IV) responsibility for professional relationships. Individuals shall honor and abide by these Principles as affirmative obligations under all conditions of applicable professional activity. Rules of Ethics are specific statements of minimally acceptable as well as unacceptable professional conduct.

The Code is designed to provide guidance to members, applicants, and certified individuals as they make professional decisions. Because the Code is not intended to address specific situations and is not

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inclusive of all possible ethical dilemmas, professionals are expected to follow the written provisions and to uphold the spirit and purpose of the Code. Adherence to the Code of Ethics and its enforcement results in respect for the professions and positive outcomes for individuals who benefit from the work of audiologists, speech-language pathologists, and speech, language, and hearing scientists.

**TERMINOLOGY**

advertising – Any form of communication with the public about services, therapies, products, or publications.

conflict of interest – An opposition between the private interests and the official or professional responsibilities of a person in a position of trust, power, and/or authority.

crime – Any felony; or any misdemeanor involving dishonesty, physical harm to the person or property of another, or a threat of physical harm to the person or property of another. For more details, see the “Disclosure Information” section of applications for ASHA certification found on www.asha.org/certification/AudCertification/ and www.asha.org/certification/SLPCertification/.

diminished decision-making ability – Any condition that renders a person unable to form the specific intent necessary to determine a reasonable course of action.

fraud – Any act, expression, omission, or concealment—the intent of which is either actual or constructive—calculated to deceive others to their disadvantage.

impaired practitioner – An individual whose professional practice is adversely affected by addiction, substance abuse, or health-related and/or mental health–related conditions.

individuals – Members and/or certificate holders, including applicants for certification.

informed consent – May be verbal, unless written consent is required; constitutes consent by persons served, research participants engaged, or parents and/or guardians of persons served to a proposed course of action after the communication of adequate information regarding expected outcomes and potential risks.

jurisdiction – The “personal jurisdiction” and authority of the ASHA Board of Ethics over an individual holding ASHA certification and/or membership, regardless of the individual’s geographic location.

know, known, or knowingly – Having or reflecting knowledge.

may vs. shall – May denotes an allowance for discretion; shall denotes no discretion.

misrepresentation – Any statement by words or other conduct that, under the circumstances, amounts to an assertion that is false or erroneous (i.e., not in accordance with the facts); any statement made with conscious ignorance or a reckless disregard for the truth.

negligence – Breaching of a duty owed to another, which occurs because of a failure to conform to a requirement, and this failure has caused harm to another individual, which led to damages to this
person(s); failure to exercise the care toward others that a reasonable or prudent person would take in the circumstances, or taking actions that such a reasonable person would not.

nolo contendere – No contest.

plagiarism – False representation of another person’s idea, research, presentation, result, or product as one’s own through irresponsible citation, attribution, or paraphrasing; ethical misconduct does not include honest error or differences of opinion.

publicly sanctioned – A formal disciplinary action of public record, excluding actions due to insufficient continuing education, checks returned for insufficient funds, or late payment of fees not resulting in unlicensed practice.

reasonable or reasonably – Supported or justified by fact or circumstance and being in accordance with reason, fairness, duty, or prudence.

self-report – A professional obligation of self-disclosure that requires (a) notifying ASHA Standards and Ethics and (b) mailing a hard copy of a certified document to ASHA Standards and Ethics (see term above). All self-reports are subject to a separate ASHA Certification review process, which, depending on the seriousness of the self-reported information, takes additional processing time.

shall vs. may – Shall denotes no discretion; may denotes an allowance for discretion.

support personnel – Those providing support to audiologists, speech-language pathologists, or speech, language, and hearing scientists (e.g., technician, paraprofessional, aide, or assistant in audiology, speech-language pathology, or communication sciences and disorders).

telepractice, teletherapy – Application of telecommunications technology to the delivery of audiology and speech-language pathology professional services at a distance by linking clinician to client/patient or clinician to clinician for assessment, intervention, and/or consultation. The quality of the service should be equivalent to in-person service.

written – Encompasses both electronic and hard-copy writings or communications.

PRINCIPLE OF ETHICS I

Individuals shall honor their responsibility to hold paramount the welfare of persons they serve professionally or who are participants in research and scholarly activities, and they shall treat animals involved in research in a humane manner.

RULES OF ETHICS

A. Individuals shall provide all clinical services and scientific activities competently.
B. Individuals shall use every resource, including referral and/or interprofessional collaboration when appropriate, to ensure that quality service is provided.
C. Individuals shall not discriminate in the delivery of professional services or in the conduct of research and scholarly activities on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, or dialect.
D. Individuals shall not misrepresent the credentials of aides, assistants, technicians, support personnel, students, research interns, Clinical Fellows, or any others under their supervision, and they
shall inform those they serve professionally of the name, role, and professional credentials of persons providing services.

E. Individuals who hold the Certificate of Clinical Competence may delegate tasks related to the provision of clinical services to aides, assistants, technicians, support personnel, or any other persons only if those persons are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

F. Individuals who hold the Certificate of Clinical Competence shall not delegate tasks that require the unique skills, knowledge, judgment, or credentials that are within the scope of their profession to aides, assistants, technicians, support personnel, or any nonprofessionals over whom they have supervisory responsibility.

G. Individuals who hold the Certificate of Clinical Competence may delegate to students tasks related to the provision of clinical services that require the unique skills, knowledge, and judgment that are within the scope of practice of their profession only if those students are adequately prepared and are appropriately supervised. The responsibility for the welfare of those being served remains with the certified individual.

H. Individuals shall obtain informed consent from the persons they serve about the nature and possible risks and effects of services provided, technology employed, and products dispensed. This obligation also includes informing persons served about possible effects of not engaging in treatment or not following clinical recommendations. If diminished decision-making ability of persons served is suspected, individuals should seek appropriate authorization for services, such as authorization from a spouse, other family member, or legally authorized/appointed representative.

I. Individuals shall enroll and include persons as participants in research or teaching demonstrations only if participation is voluntary, without coercion, and with informed consent.

J. Individuals shall accurately represent the intended purpose of a service, product, or research endeavor and shall abide by established guidelines for clinical practice and the responsible conduct of research.

K. Individuals who hold the Certificate of Clinical Competence shall evaluate the effectiveness of services provided, technology employed, and products dispensed, and they shall provide services or dispense products only when benefit can reasonably be expected.

L. Individuals may make a reasonable statement of prognosis, but they shall not guarantee—directly or by implication—the results of any treatment or procedure.

M. Individuals who hold the Certificate of Clinical Competence shall use independent and evidence-based clinical judgment, keeping paramount the best interests of those being served.

N. Individuals who hold the Certificate of Clinical Competence shall not provide clinical services solely by correspondence, but may provide services via telepractice consistent with professional standards and state and federal regulations.

O. Individuals shall protect the confidentiality and security of records of professional services provided, research and scholarly activities conducted, and products dispensed. Access to these records shall be allowed only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

P. Individuals shall protect the confidentiality of any professional or personal information about persons served professionally or participants involved in research and scholarly activities and may disclose confidential information only when doing so is necessary to protect the welfare of the person or of the community, is legally authorized, or is otherwise required by law.

Q. Individuals shall maintain timely records and accurately record and bill for services provided and products dispensed and shall not misrepresent services provided, products dispensed, or research and scholarly activities conducted.
R. Individuals whose professional practice is adversely affected by substance abuse, addiction, or other health-related conditions are impaired practitioners and shall seek professional assistance and, where appropriate, withdraw from the affected areas of practice.

S. Individuals who have knowledge that a colleague is unable to provide professional services with reasonable skill and safety shall report this information to the appropriate authority, internally if a mechanism exists and, otherwise, externally.

T. Individuals shall provide reasonable notice and information about alternatives for obtaining care in the event that they can no longer provide professional services.

PRINCIPLE OF ETHICS II

Individuals shall honor their responsibility to achieve and maintain the highest level of professional competence and performance.

RULES OF ETHICS

A. Individuals who hold the Certificate of Clinical Competence shall engage in only those aspects of the professions that are within the scope of their professional practice and competence, considering their certification status, education, training, and experience.

B. Members who do not hold the Certificate of Clinical Competence may not engage in the provision of clinical services; however, individuals who are in the certification application process may engage in the provision of clinical services consistent with current local and state laws and regulations and with ASHA certification requirements.

C. Individuals who engage in research shall comply with all institutional, state, and federal regulations that address any aspects of research, including those that involve human participants and animals.

D. Individuals shall enhance and refine their professional competence and expertise through engagement in lifelong learning applicable to their professional activities and skills.

E. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct research activities that exceed the staff member’s certification status, competence, education, training, and experience.

F. Individuals in administrative or supervisory roles shall not require or permit their professional staff to provide services or conduct clinical activities that compromise the staff member’s independent and objective professional judgment.

G. Individuals shall make use of technology and instrumentation consistent with accepted professional guidelines in their areas of practice. When such technology is not available, an appropriate referral may be made.

H. Individuals shall ensure that all technology and instrumentation used to provide services or to conduct research and scholarly activities are in proper working order and are properly calibrated.

PRINCIPLE OF ETHICS III

Individuals shall honor their responsibility to the public when advocating for the unmet communication and swallowing needs of the public and shall provide accurate information involving any aspect of the professions.

RULES OF ETHICS

A. Individuals shall not misrepresent their credentials, competence, education, training, experience, and scholarly contributions.
B. Individuals shall avoid engaging in conflicts of interest whereby personal, financial, or other considerations have the potential to influence or compromise professional judgment and objectivity.

C. Individuals shall not misrepresent research and scholarly activities, diagnostic information, services provided, results of services provided, products dispensed, or the effects of products dispensed.

D. Individuals shall not defraud through intent, ignorance, or negligence or engage in any scheme to defraud in connection with obtaining payment, reimbursement, or grants and contracts for services provided, research conducted, or products dispensed.

E. Individuals’ statements to the public shall provide accurate and complete information about the nature and management of communication disorders, about the professions, about professional services, about products for sale, and about research and scholarly activities.

F. Individuals’ statements to the public shall adhere to prevailing professional norms and shall not contain misrepresentations when advertising, announcing, and promoting their professional services and products and when reporting research results.

G. Individuals shall not knowingly make false financial or nonfinancial statements and shall complete all materials honestly and without omission.

PRINCIPLE OF ETHICS IV

Individuals shall uphold the dignity and autonomy of the professions, maintain collaborative and harmonious interprofessional and intraprofessional relationships, and accept the professions’ self-imposed standards.

RULES OF ETHICS

A. Individuals shall work collaboratively, when appropriate, with members of one’s own profession and/or members of other professions to deliver the highest quality of care.

B. Individuals shall exercise independent professional judgment in recommending and providing professional services when an administrative mandate, referral source, or prescription prevents keeping the welfare of persons served paramount.

C. Individuals’ statements to colleagues about professional services, research results, and products shall adhere to prevailing professional standards and shall contain no misrepresentations.

D. Individuals shall not engage in any form of conduct that adversely reflects on the professions or on the individual’s fitness to serve persons professionally.

E. Individuals shall not engage in dishonesty, negligence, fraud, deceit, or misrepresentation.

F. Applicants for certification or membership, and individuals making disclosures, shall not knowingly make false statements and shall complete all application and disclosure materials honestly and without omission.

G. Individuals shall not engage in any form of harassment, power abuse, or sexual harassment.

H. Individuals shall not engage in sexual activities with individuals (other than a spouse or other individual with whom a prior consensual relationship exists) over whom they exercise professional authority or power, including persons receiving services, assistants, students, or research participants.

I. Individuals shall not knowingly allow anyone under their supervision to engage in any practice that violates the Code of Ethics.

J. Individuals shall assign credit only to those who have contributed to a publication, presentation, process, or product. Credit shall be assigned in proportion to the contribution and only with the contributor’s consent.

K. Individuals shall reference the source when using other persons’ ideas, research, presentations, results, or products in written, oral, or any other media presentation or summary. To do otherwise constitutes plagiarism.
L. Individuals shall not discriminate in their relationships with colleagues, assistants, students, support personnel, and members of other professions and disciplines on the basis of race, ethnicity, sex, gender identity/gender expression, sexual orientation, age, religion, national origin, disability, culture, language, dialect, or socioeconomic status.

M. Individuals with evidence that the Code of Ethics may have been violated have the responsibility to work collaboratively to resolve the situation where possible or to inform the Board of Ethics through its established procedures.

N. Individuals shall report members of other professions who they know have violated standards of care to the appropriate professional licensing authority or board, other professional regulatory body, or professional association when such violation compromises the welfare of persons served and/or research participants.

O. Individuals shall not file or encourage others to file complaints that disregard or ignore facts that would disprove the allegation; the Code of Ethics shall not be used for personal reprisal, as a means of addressing personal animosity, or as a vehicle for retaliation.

P. Individuals making and responding to complaints shall comply fully with the policies of the Board of Ethics in its consideration, adjudication, and resolution of complaints of alleged violations of the Code of Ethics.

Q. Individuals involved in ethics complaints shall not knowingly make false statements of fact or withhold relevant facts necessary to fairly adjudicate the complaints.

R. Individuals shall comply with local, state, and federal laws and regulations applicable to professional practice, research ethics, and the responsible conduct of research.

S. Individuals who have been convicted; been found guilty; or entered a plea of guilty or nolo contendere to (1) any misdemeanor involving dishonesty, physical harm—or the threat of physical harm—to the person or property of another, or (2) any felony, shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the conviction, plea, or finding of guilt. Individuals shall also provide a certified copy of the conviction, plea, nolo contendere record, or docket entry to ASHA Standards and Ethics within 30 days of self-reporting.

T. Individuals who have been publicly sanctioned or denied a license or a professional credential by any professional association, professional licensing authority or board, or other professional regulatory body shall self-report by notifying ASHA Standards and Ethics (see Terminology for mailing address) in writing within 30 days of the final action or disposition. Individuals shall also provide a certified copy of the final action, sanction, or disposition to ASHA Standards and Ethics within 30 days of self-reporting.
PACIFIC UNIVERSITY
SCHOOL OF AUDIOLOGY
Sample Template for Remediation Agreement
for Expected Knowledge and Skills Outcomes

Students in the doctoral audiology program must achieve a level of mastery established by the faculty for designated knowledge and skills outcomes. Mastery is achieved when markers of competency are reached in related coursework and clinical activities. This is a sample remediation agreement; other remediation agreements may be developed, depending on the needs of the student and his/her plan of study.

Student ________________________________________________________________

Instructor ______________________________________________________________

Knowledge/Skill Competency ________________________________________________

Class/Clinical Activity ______________________________________________________

The student named above has not successfully demonstrated the level of mastery required for the identified competency marker. The student and instructor agree to the following remedial activity:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Student Signature ___________________________ Date ____________________________

Instructor Signature ___________________________ Date ____________________________
ESSENTIAL FUNCTIONS FOR DOCTORAL AUDIOLOGY EDUCATION:
ADMISSION AND RETENTION REQUIREMENTS
(Revised June 15, 2015)

INTRODUCTION
The Doctor of Audiology degree is recognized as a broad-based, first professional degree requiring the acquisition of general knowledge in applicable domains of audiology and the basic skills necessary for the practice of audiology. The education of a prospective audiologist requires assimilation of knowledge, acquisition of skills, and development of judgment through patient care experiences in preparation for the independent, professional decision-making required in practice. A student in the doctoral audiology program at Pacific University must have sufficient functional use of his/her senses of vision, hearing, equilibrium, exteroception (touch, temperature, and pain), and proprioception (position, movement, pressure, stereognosis, and vibration) to carry out all of the activities listed below and in the program materials. Further, the practice of audiology emphasizes interprofessional collaboration among audiologists and other healthcare and education professionals, the patient, and the patient’s family and caregivers. It is necessary for students in the program to meet minimum essential functions in order to carry out required activities (including those listed below and in the program materials) and to perform competently, effectively, and safely in supervised patient care experiences throughout the program.

POLICY
The Pacific University School of Audiology endeavors to select applicants who have the ability to become highly competent Doctors of Audiology. The School of Audiology has the responsibility and discretion for the selection and evaluation of students; the design, implementation, and evaluation of its Doctor of Audiology degree program curriculum; and the determination of who should graduate from the program and be awarded a Doctor of Audiology degree. Admission and retention decisions are based on both satisfactory academic and clinical achievement and other non-academic, physical, cognitive, and behavioral factors that indicate the student has an increased possibility of completing the academic, clinical, and essential functions of the academic program required for graduation. Thus, it is important that persons admitted possess the intelligence, integrity, compassion, humanitarian concern, physical capacity, and emotional capacity necessary to practice audiology. Failure to meet or maintain these essential functions may result in action, including but not limited to dismissal from the program.

The School of Audiology, as part of Pacific University and the College of Health Professions, is committed to the principle of equal opportunity. It is the policy of Pacific University not to discriminate on the basis of race, color, creed, religious preference, national origin, gender, sexual orientation, age, marital status, physical or mental disability, or disabled veteran or Vietnam era veteran status in admission and access to educational programs or activities, or treatment in employment, as required by Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, Title VII of the Civil Rights Act of 1964, the Age Discrimination Act, the Americans with Disabilities Act of 1990, or any other classification protected under state or federal law or city ordinance. When requested, the university will provide reasonable accommodation to otherwise qualified students with disabilities; however, the safety and welfare of patients shall never be put in jeopardy as a result of an effort to reasonably accommodate a student.

ESSENTIAL FUNCTIONS
The following essential functions of doctoral audiology education identify the requirements for admission, retention, and completion of the Doctor of Audiology degree program in Pacific University's
School of Audiology. These functions refer to the abilities, aptitudes, and skills necessary for satisfactory mastery of the curriculum and to the professional attributes required of all students during the program in the following areas: (1) motor and sensory-observation function, (2) communication, (3) intellect, (4) ethical and professional behavior, and (5) social attributes.

(1) Motor and Sensory-Observation Function
The student must:

a. Observe demonstrations and visual presentations in lectures, audiologic laboratories, and clinics;
b. Have sufficient motor and sensory function to observe patients accurately and completely at a distance and close at hand, elicit information from them related to audiologic diagnostics and treatment, and identify a patient’s normal and disordered communication and behavior related to hearing and balance;
c. Have sufficient motor function, vision, hearing, touch, and dexterity to integrate and coordinate both gross and fine motor movements, hand/eye coordination, equilibrium, and sensation; execute movements required to provide audiologic care of patients; and effectively manage physical conditions in order to prevent impediments to appropriate services;
d. Effectively manipulate equipment and instruments necessary to perform audiologic diagnostic tests and rehabilitation treatments, and to work with patient-utilized equipment (e.g., durable medical equipment, including hearing aids, hearing assistance technology devices, etc.), and efficiently manipulate the diagnostic and treatment environment and materials without violation of diagnostic and treatment protocols and best practices;
e. Visualize and identify anatomic structures; visualize and discriminate findings on imaging studies; discriminate text, numbers, tables, and graphs associated with diagnostic instruments and tests; and accurately monitor, through both visual and auditory modalities, equipment and instrument displays and controls, including those of hearing instruments and clinical equipment, used for the diagnosis and treatment of patients and the conduct of laboratory assignments in the hearing and balance sciences and clinical audiology;
f. See with measurable depth perception and in low-light conditions (e.g., in sound-isolated booths, during vestibular assessment, etc.), distinguish color variations, and discern shades of black and white;
g. Hear, understand, and accurately communicate verbally;
h. Sit, bend, and reach while performing daily job functions, function in a structured environment for several hours, sustain necessary physical activity level required in classroom and clinical activities, and maneuver in small spaces (e.g., sound-isolated booths);
i. Respond quickly to provide a safe environment for patients in emergency situations (e.g., fire, choking, etc.).

(2) Communication
The student must:

a. Communicate effectively with patients, both verbally and auditorily, and effectively observe patients in order to elicit information and perceive a patient’s verbal and non-verbal communication;
b. Effectively and efficiently describe patient behavior, test results, and related technical information (e.g., as related to amplification, etc.);
c. Communicate clearly, effectively, and sensitively with patients in both oral and written English;

d. Write effectively, including making clear and legible handwritten notes in patient charts and preparing appropriately written and referenced essays, reports, research and other scholarly papers, patient documentation, and other classroom, laboratory, and clinical written assignments as part of course work and clinical practice;

e. Read at a level to comprehend curriculum and clinical content in doctoral-level audiology education;

f. Be computer literate at a level to utilize computers effectively in classroom, laboratory, and clinical education environments, including accessing technology for clinical management (e.g., billing, charting, etc.);

g. Communicate effectively and efficiently with other members of the healthcare team and the public, in oral, written, and electronic form, in a manner that enhances the dignity and image of the audiology profession;

h. Perceive and demonstrate appropriate non-verbal communication for culture and context; modify communication style to meet the communication needs of patients, caregivers, and other persons served; and convey information accurately with relevance and cultural sensitivity;

i. Recognize when patients and/or family members and caregivers do or do not understand written and/or verbal communication, and modify and adapt the communication appropriately.

(3) Intelect
The student must:

a. Have sufficient intellectual abilities, including comprehension, retention, measurement, evaluation, reasoning, analysis, inference, integration, and synthesis, to meet curricular and clinical demands and the critical skill of problem-solving;

b. Possess sufficient intellectual capacity to collect and analyze complex audiologic data and both written and verbal patient history information, and to comprehend three-dimensional relationships and the special relationships of structures, in order to interpret patient findings, recognize anomalies, reach logical conclusions, make sound clinical judgments, and make recommendations which improve patient care;

c. Demonstrate the ability to identify complex problems and reach conclusions through reading and comprehension of technical materials, audiologic and medical information, and audiologic and medical texts and journals;

d. Comprehend, analyze, and synthesize complex program content, utilize detailed written and verbal instruction to meet curricular and clinical demands, concentrate on the task at hand amidst a variety of environmental distractions, and apply prior learning to new situations;

e. Self-evaluate, identify, and communicate limits of one’s own knowledge and skills related to appropriate professional levels and expectations, and identify and utilize resources in order to increase knowledge and skills to appropriate professional levels and expectations.

(4) Ethical and Professional Behavior
The student must:

a. Understand the basis and content of ethics in audiology, conduct his/herself in an ethical manner, and uphold professional ethics in audiology;
b. Comply with established university and school policies and procedures, and abide by the laws and regulation pertaining to the practice of audiology in the jurisdiction in which professional activities are being conducted;

c. Maintain accuracy and confidentiality of patient information by protecting medical, personal, academic, financial, or business information, and by respecting professional confidences;

d. Foster a professional attitude and a positive environment for learning; work both independently and as team member; interact well with individuals, small groups, and large audiences; and establish sufficient rapport and maintain boundaries in order to effectively relate to fellow students, patients, healthcare professionals, clinical supervisors and preceptors, faculty, and staff;

e. Present a professional appearance and demeanor;

f. Manage one’s circumstances in ways that do not restrict balanced services to patients, including having access to appropriate transportation to clinical and academic placements to allow full participation in the academic and clinical activities for the defined work day;

g. Manage one’s circumstances in ways that do not restrict access to appropriate computer technology and internet access, both during and after classes and other program activities, including evenings and weekends, in order to allow full participation in and complete professional, technical, clinical, and curricular assignments, tasks, and examinations.

(5) Social Attributes
The student must:

a. Display mature, sensitive, effective, and culturally appropriate professional relationships by exhibiting attributes that include compassion, integrity, empathy, altruism, responsibility, tolerance, and concern;

b. Possess the interpersonal skills necessary to interact in a positive and professional manner with people from all levels of society, cultural backgrounds, and belief systems; and provide care to all regardless of age, race, ethnicity, origin, physical or mental status, or other condition or status;

c. Possess the emotional stability for full utilization of his/her intellectual capacity, to exercise sound judgment and complete all responsibilities attendant to the audioligic diagnosis and treatment of patients; and possess the necessary mechanisms to accept suggestions and criticism and to respond appropriately through modification of behavior;

d. Manage the use of time effectively, organize tasks, set priorities, problem solve, and multitask at a sufficient level to complete professional, technical, clinical, and curricular tasks;

e. Function effectively under stress and adapt to changing and demanding environments while maintaining both professional demeanor and emotional health;

f. Maintain physical and mental health and self-care to a level that does not to jeopardize the health and safety of self and others in the academic and clinical setting.

UNIVERSITY LEARNING SUPPORT SERVICES
Pacific University provides services and reasonable accommodations to students covered under the Americans with Disabilities Act. Additional information is available via the university’s Office of Learning Support Services (LSS) website, www.pacificu.edu/about-us/offices/learning-support-services. A student who requires accommodations is strongly encouraged to contact LSS at 503.352.2194 or
lss@pacificu.edu as soon as a potential service or accommodation is anticipated in order to determine and document the need for services and accommodations. A student who receives accommodations is strongly encouraged to discuss his/her needs with school administration and appropriate faculty and clinical preceptors.

PROGRAM-SPECIFIC INFORMATION

Students admitted into Pacific University’s Doctor of Audiology degree program must:

a. Satisfactorily complete a background check and a drug test and document required immunizations and a TB test prior to the start of classes in the first semester of the program;

b. Complete various training, including but not limited to training on sexual harassment, bloodborne pathogens, and the Health Insurance Portability and Accountability Act (HIPAA), during the first semester of the program and then annually;

c. Adhere to accepted professional and ethical standards of behavior, which will be evaluated throughout the program;

d. Be aware that the program utilizes a modified block system and that the curricular blocks are administered as Pass/No Pass based on an 85% competency;

e. Be aware that the school may have additional procedures for students to complete upon admission to the program and will have additional policies and procedures in place for all students to adhere to throughout the program.

Acknowledgement

My signature below affirms that I have read and understand the above Essential Functions for Doctoral Audiology Education at Pacific University, including the program-specific information, agree with its content, am committed to the policies expressed therein, am able to perform all of the essential functions needed to satisfactorily complete the requirements for the program, and understand that I may be dismissed from the program should I fail to meet or maintain one or more essential functions during the program despite reasonable accommodation(s) (if recommended by the university’s Office of Learning Support Services).

_______________________________________
Print Name

_______________________________________
____________________________
Sign Name Date

[Return to TOC]
### PACIFIC UNIVERSITY

#### SCHOOL OF AUDIOLOGY

**Evaluation of Student in Clinical Practicum**

**Sample Scoring Rubric**

<table>
<thead>
<tr>
<th>Rating</th>
<th>Skill</th>
<th>Student</th>
<th>Supervisor</th>
</tr>
</thead>
</table>
| 5      | Skill is Consistent | • Student is able to perform this skill **90-100%** of the time without supervisory intervention, direction, re-direction, support, or assistance;  
• Student demonstrates excellent knowledge base;  
• Student consistently applies knowledge in routine and non-routine situations at a professional to near-professional level;  
• Student consistently and effectively analyzes and synthesizes information;  
• Student consults with supervisor as needed;  
• Student’s professional behavior is at a professional level;  
• Student’s clinical skill set and professional behavior are appropriate for externship. | • Supervisor has role of consultant and colleague;  
• Supports provides occasional support in non-routine contexts. |

| 4      | Skill is Adequate | • Student is able to perform this skill **70-90%** of the time without supervisory intervention, direction, re-direction, support, or assistance;  
• Student demonstrates good knowledge base;  
• Student consistently applies knowledge in routine and non-routine situations;  
• Student consistently analyzes and synthesizes information;  
• Student takes lead on problem-solving with supervisor;  
• Student’s professional behavior is at a near-professional level;  
• Student is ready for externship, both clinically and in terms of professional behavior. | • Supervisor needs to provide occasional support in non-routine contexts;  
• Supervisor rarely needs to provide support to direct planning and implementation of sessions. |
| 3 | Skill is Present | • Student is able to perform this skill **40-70%** of the time without supervisory intervention, direction, re-direction, support, or assistance;  
  
  • Student demonstrates adequate knowledge base;  
  
  • Student usually applies knowledge in routine contexts;  
  
  • Student usually applies knowledge in non-routine contexts;  
  
  • Student demonstrates some ability to analyze and synthesize information;  
  
  • Student jointly problem-solves with supervisor;  
  
  • Student’s professional behavior is clearly evident and consistent, emerging at near-professional level. | • Supervisor needs to provide occasional support in non-routine contexts;  
  
  • Supervisor occasionally needs to direct planning and implementation of sessions;  
  
  • Supervisor needs to provide occasional support and direction in routine situations;  
  
  • Supervisor needs to provide frequent support in non-routine contexts. |
|---|---|---|---|
| 2 | Skill is Emerging | • Student is able to perform this skill **up to 40%** of the time without supervisory intervention, direction, re-direction, support, or assistance;  
  
  • Student demonstrates some knowledge and/or is beginning to apply knowledge;  
  
  • Student needs general direction with frequent repetition;  
  
  • Student’s professional behavior is evident and consistent. | • Supervisor needs to direct planning and implementation of sessions;  
  
  • Supervisor needs to provide frequent support and direction in routine situations. |
| 1 | Skill is Not Evident | • Student **is unable** to perform this skill without supervisory intervention, direction, re-direction, support, or assistance;  
  
  • Student lacks knowledge base and/or is unable to apply knowledge;  
  
  • Student’s professional behavior is appropriate and emerging. | • Supervisor needs to plan and implement sessions;  
  
  • Supervisor needs to model skill for student on a regular basis. |
| N/A | Not Applicable | • These services are **not offered** at this clinical site, or the student did not engage in these activities while at this site. | • N/A |
**APPENDIX F: AuD PROGRAM CURRICULUM**

**Doctor of Audiology Degree Program (121 credits): Class of 2019 Curriculum**
*Subject to adjustments during program

**YEAR 1: 2016 - 2017 (total credits: 50)**

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<th>AUD #</th>
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<th>AUD #</th>
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Total Credits in Doctor of Audiology Degree Program: 121
APPENDIX G: AuD PROGRAM COURSE DESCRIPTIONS

AuD Degree Program – Course Descriptions*:
*From the university’s 2016-2017 academic catalog, available via: [http://www.pacificu.edu/about-us/offices/registrar/academic-catalog](http://www.pacificu.edu/about-us/offices/registrar/academic-catalog)

AUD-500 Acoustics
Study of basic acoustics, including basic waves, impedance, complex sounds, speech acoustics, and decibels. Pass/No Pass. 1.5 credits.

AUD-501 Applied Hearing Science
Study of perceptual aspects of sound, including an introduction to speech perception. Pass/No Pass. 1.5 credits.

AUD-510 Outer & Middle Ear
Study of the anatomy and physiology of the outer and middle ear. Pass/No Pass. 1.5 credits.

AUD-511 Sensorineural/Central Pathway
Study of the anatomy and physiology of the inner ear, VIII Nerve, and central auditory pathways. Pass/No Pass. 1.5 credits.

AUD-512 Auditory Pathophysiology
Study of basic pathophysiology of the auditory system with a focus on basic diagnostics through case study presentations. Pass/No Pass. 1.5 credits.

AUD-513 Pharmacology & Ototoxicity
Study of pharmacological and ototoxicity effects on the auditory system. Pass/No Pass. 1 credit.

AUD-514 Auditory Processing Disorders
Study of diagnosis and treatment of central auditory processing disorders. Pass/No Pass. 1.5 credits.

AUD-515 Vestibular I
In-depth introduction to the vestibular system, with emphasis on vestibular anatomy and physiology. Pass/No Pass. 1 credit.

AUD-520 Cerumen Management
Basic principles, techniques, and instrumentation used for in-office cerumen management. Pass/No Pass. .5 credits.

AUD-530 Audiologic Assessment I
Study of basic audiologic assessment principles and techniques. Development of knowledge and skills in completing case history interview, otoscopy, pure tone audiometry, and masking. Pass/No Pass. 1.5 credits.

AUD-531 Audiologic Assessment II
Study of advanced audiologic assessment principles and techniques. Development of knowledge and skills in completing speech audiometry, tympanometry, acoustic reflex tests, and integration of test results. Pass/No Pass. 1.5 credits.
AUD-532  OAEs & Advanced Assessment
Development of knowledge and skills in evaluating otoacoustic emissions (OAEs). Introduction to electrophysiologic assessment techniques. Advanced study of the design of examination protocols and integration of test results. Pass/No Pass. 1.5 credits.

AUD-534  Evoked Potentials
Development of knowledge and skills in completing evoked potential assessment, including neuro-diagnostic ABR and threshold-search ABR. Pass/No Pass. 1.5 credits.

AUD-535  Vestibular II
Study of vestibular assessment techniques and integration of test results. Pass/No Pass. 1.5 credits.

AUD-536  Advanced Evoked Potentials
Advanced study of evoked potential assessment, including ASSR, MLR, LLR, P300, and MMN. Pass/No Pass. 1 credit.

AUD-550  Audiolodic Rehabilitation
Study of basic communication models and communication breakdowns resulting from hearing loss. Development of knowledge and skills in assessing communication problems, conversation management, and non-amplification intervention strategies. Pass/No Pass. 1.5 credits.

AUD-551  Amplification I
Study of basic amplification systems technology. Development of skills and knowledge for determining candidacy for amplification, selection and fitting of amplification systems, and measurement of outcomes. Pass/No Pass. 1.5 credits.

AUD-552  Amplification II
Study of advanced amplification technologies, fitting strategies, and patient outcome assessments, including real ear measures (REM). Pass/No Pass. 1.5 credits.

AUD-553  Counseling in Audiology
Study of counseling as applied to the practice of audiology, with emphasis on case-based study. Pass/No Pass. 1 credit.

AUD-555  Hearing Conservation
Study of the deleterious effects of noise on humans. Study of environmental noise analysis and the development and implementation of hearing conservation programs. Pass/No Pass. 1 credit.

AUD-556  Tinnitus & Hyperacusis
Study of tinnitus and hyperacusis etiologies. Development of knowledge and skills in assessing tinnitus characteristics, and implementation of intervention models for tinnitus and hyperacusis. Pass/No Pass. 1 credit.

AUD-557  Implantable Devices
Study of implantable amplification devices, such as cochlear implants, middle ear implants, and brainstem implants. Pass/No Pass. 1.5 credits.
AUD-558 Advanced Amplification
Study of specialized amplification topics, including product comparisons among manufacturers, techniques for fitting hearing assistive technology and working with connectivity options, and device trouble-shooting. Pass/No Pass. 1 credit.

AUD-561 Vestibular III
Advanced study of vestibular assessment techniques, vestibular pathologies, and differential diagnosis in vestibular practice. Pass/No Pass. 1.5 credits.

AUD-565 CSD Foundations
Overview of basic communication sciences and disorders and their application to the profession of audiology. Review of speech and language development. Pass/No Pass. 1 credit.

AUD-568 Audiologic Management of Musicians
Study of basic concepts involved in working with musicians and music industry workers, including considerations for audiologic assessment, hearing conservation, hearing protective devices, in-earmonitors, and amplification. Pass/No Pass. .5 credits.

AUD-570 Pediatric Foundations
Overview of embryology and genetics. Study of motor/cognitive/psychosocial development from birth through adolescence. Review of common syndromes encountered in audiologic practice. Pass/No Pass. 1.5 credits.

AUD-571 Pediatric Assessment
Development of the knowledge and skills for behavioral and assessment techniques with pediatric patients. Study of auditory system disorders commonly encountered in pediatric patients. Pass/No Pass. 1.5 credits.

AUD-572 Pediatric Intervention
Development of knowledge and skills for intervention strategies with pediatric patients, including audiologic (re)habilitation, communication options, issues relating to family dynamics, collaboration with other professionals, and the applications of amplification technology and cochlear implants to pediatric patients. Pass/No Pass. 1.5 credits.

AUD-573 Geriatric Audiology
Study of aging theory, multi-sensory disabilities, and relevant pathologies in geriatric patients. Development of knowledge and skills in modifications of standard assessment and intervention techniques with geriatric patients. Pass/No Pass. 1.5 credits.

AUD-575 Educational Audiology
Study of the delivery of audiology services to a school-based population. Includes screening programs, classroom acoustics, classroom-based amplification, and applicable federal laws. Pass/No Pass. 1.5 credits.

AUD-577 Advanced Implantable Devices
Advanced study of implantable amplification devices, focusing on cochlear implant programming, troubleshooting, and outcome measures. Pass/No Pass. .5 credits.
AUD-578 Differential Diagnosis
Study of evidence-based, clinical decision-making in audiology, with emphasis on case-based study. Pass/No Pass. 1.5 credits.

AUD-579 Topics in Audiology
Study of emerging topics related to audiology. Covered topics may vary from course to course. May be repeated for credit. Pass/No Pass. .5 - 2 credits.

AUD-580 Research Fundamentals
Introduction to concepts in research design and methodology. Study of applications of research to clinical practice and evidence-based practice. Pass/No Pass. 1.5 credits.

AUD-581 Capstone Project I
Introduction to the capstone project. Group work to develop a team-based, evidence-based capstone project. Includes consideration of IRB requirements. Pass/No Pass. 1 credit.

AUD-582 Capstone Project II
Completion of the capstone project begun during AUD 581 Capstone Project I. Includes professional presentation and written component. Pass/No Pass. 1 credit.

AUD-583 Ethics in Audiology
Study of ethics in the profession of audiology and its impact on clinical practice and professional decision-making. Pass/No Pass. 1 credit.

AUD-584 Diversity in Audiology
Study of diversity in audiology practice and its impact on the profession of audiology. Pass/No Pass. 1 credit.

AUD-585 Professional Issues in Audiology
Study of professional issues in audiology. Covered issues may vary from course to course. May be repeated for credit. Pass/No Pass. .5 – 2 credits.

AUD-586 Practice Management
Study of private practice in audiology, and the development and implementation of business plans for a practice. Pass/No Pass. 2 credits.

AUD-587 Leadership in Audiology
Study of leadership, governance, and precepting in the profession of audiology and their impact at local, national, and international levels. Pass/No Pass. 1 credit.

AUD-588 Humanitarian Audiology
Study of humanitarian efforts in the profession of audiology and their impact at local, national, and international levels. Pass/No Pass. 1 credit.

AUD-589 Audiology Lab
Supervised practice with clinical equipment, materials, and techniques in the audiology teaching and simulation labs for all first-year audiology students. Taken three times for a total of 3 credits. Pass/No Pass. 1 credit.
AUD-590 Seminar I
Weekly seminar for all first-year AuD students. Emphasis on practicing basic skills and integrating class work with clinical experiences. Includes individual and group presentations and case studies, and discussion of professional topics. Taken three times for a total of 6 credits. Pass/No Pass. 2 credits.

AUD-591 Introduction to Clinical Practicum
Guided observation activities and introduction to clinical practicum at approved clinical sites, which may include the on-campus Pacific EarClinic and/or off-campus sites. Pass/No Pass. 2 credits.

AUD-592 Clinical Practicum I
Supervised clinical practicum at approved clinical sites, which may include the on-campus Pacific EarClinic and/or off-campus sites. Pass/No Pass. 2 credits.

AUD-593 Clinical Practicum II
Additional supervised clinical practicum at approved clinical sites, which may include the on-campus Pacific EarClinic and/or off-campus sites. Pass/No Pass. 2 credits.

AUD-689 Advanced Audiology Lab
Advanced practice with clinical equipment, materials, and techniques in the audiology teaching and simulation labs for all second-year audiology students. Taken three times for a total of 1.5 credits. Pass/No Pass. .5 credits.

AUD-690 Seminar II
Weekly seminar for all second-year AuD students. Emphasis on practicing advanced skills and integrating class work with clinical experiences. Includes individual and group presentations and case-studies, and discussion of professional topics and issues. Taken three times for a total of 6 credits. Pass/No Pass. 2 credits.

AUD-691 Clinical Internship I
First rotation of a full-time supervised clinical internship, typically for nine weeks, at an approved clinical site. Pass/No Pass. 5 credits.

AUD-692 Clinical Internship II
Second rotation of a full-time supervised clinical internship, typically for nine weeks, at an approved clinical site. Pass/No Pass. 5 credits.

AUD-693 Clinical Internship III
Third rotation of a full-time supervised clinical internship, typically for six weeks, at an approved clinical site. Pass/No Pass. 3.5 credits.

AUD-699 Independent Study
Independent study in a focused area related to audiology. An Independent Study Contract must be approved by the relevant instructor and school administration before registration for independent study is allowed. May be repeated for credit. Pass/No Pass. 0.5-10.0 credits.

AUD-789 Comprehensive Review
Comprehensive curriculum review course for all third-year audiology students. Pass/No Pass. .5 credits.
**AUD-790 Seminar III**
Weekly seminar for all third-year AuD students. Focus on the integration of practical knowledge and the application of theories, models, and techniques from preceding courses, applying these to specific operational issues in audiologic practice. Includes discussion of case studies, interprofessional health care management, professionalism, and ethical and regulatory issues. Taken three times for a total of 3 credits. Pass/No Pass. 1 credit.

**AUD-791 Clinical Externship I**
First part of a full-time supervised clinical externship as part of a year-long externship at an approved clinical site. Pass/No Pass. 10 credits.

**AUD-792 Clinical Externship II**
Second part of a full-time supervised clinical externship as part of a year-long externship at an approved clinical site. Pass/No Pass. 10 credits.

**AUD-793 Clinical Externship III**
Third part of a full-time supervised clinical externship as part of a year-long externship at an approved clinical site. Pass/No Pass. 10 credits.
APPENDIX H: FERPA/PRIVACY RIGHTS OF STUDENTS

Pacific University Notification of Students’ Rights
Under The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) is the federal law that governs release of, and access to, student education records. Below is a brief summary of a student’s rights under FERPA:

1. The right to inspect and review the student’s education records within 45 days of the day Pacific University receives a request for access.
   - A student should submit to the Registrar’s Office written requests that identify the record(s) the student wishes to inspect. The Registrar will make arrangements for access and notify the student of the time and place where the records may be inspected. If the records are not maintained by the Registrar's Office, the student will be advised of the correct person to whom the request should be addressed.

2. The right to request the amendment of the education records that the student believes are inaccurate, misleading, or otherwise in violation of the student’s privacy rights under FERPA.
   - A student who wishes to ask Pacific University to amend a record should write to the Registrar, clearly identify the part of the record the student wants changed and specify why it should be changed.
   - If Pacific University decides not to amend the record as requested, the Registrar will notify the student in writing of the decision and the right of the student to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the student when notified of the right to a hearing.

3. The right to provide written consent before Pacific University discloses personally identifiable information from the student’s education records, except to the extent that FERPA authorizes disclosure without consent:
   - Pacific University discloses education records to school officials with legitimate educational interests. A school official is a person employed by Pacific University in an administrative, supervisory, academic or research, or support staff position (including law enforcement unit personnel and health staff); a person or company with whom Pacific University has contracted (such as an attorney, auditor, or collection agent); a person serving on the Board of Trustees; or a student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility.
   - Pacific University may disclose, upon request, education records without consent to officials of another school in which a student seeks or intends to enroll.
   - Pacific University may release Directory Information. Directory Information is defined as that information which would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information at Pacific University currently includes the following: student name; permanent address; local address; temporary address; electronic mail address; telephone number; dates of attendance; degrees and awards received; major field of study; participation in officially recognized activities and sports; weight and height of members of athletic teams; theses titles/topics; photograph; full-time/part-time status; most recent previous school attended; date and place of birth, and recorded image.
Although Pacific University legally may release Directory Information, current policy does not allow release of any student information to parties outside of the university. Exceptions to this include, but are not limited to: Dean's Lists; Academic or Athletic honors, awards or programs; contracted Commencement photographers; or information to students’ hometown newspapers.

Students may elect a “Directory Hold”, which places a hold on the release of any information outside of Pacific University. This request is made in writing to the Registrar. The request for a Directory Hold will be honored by the University for no more than one academic year, but can be filed annually with the Registrar. The implications of a Directory Hold are far-reaching, and students should consult with the Registrar before submitting a request.

(4) The right to file a complaint with the U.S. Department of Education concerning alleged failures by Pacific University to comply with the requirements of FERPA. The office that administers FERPA is:

Family Policy Compliance Office
U.S. Department of Education
600 Independence Avenue, SW
Washington, DC, 20202-4605

For more information about FERPA and students’ rights of privacy, see www.pacificu.edu/about-us/offices/registrar/privacy-confidentiality or contact the registrar’s office (www.pacificu.edu/about-us/offices/registrar).
Serving as a reference for students: Before providing any personally identifiable information about any student, either over the phone or via a letter of recommendation, staff/faculty are required to obtain a release signed by that student. The signed release should be retained by the staff/faculty member who is providing the information. A sample of the School of Audiology’s release form is provided here; please see the school’s manager of administrative services for any updates to this form:

PACIFIC UNIVERSITY
SCHOOL OF AUDIOLOGY
Sample Student Consent for Release of Information

In accordance with the Family Educational Rights and Privacy Act of 1974 (FERPA), it is necessary for school officials at Pacific University to have written consent from a student in order to release information from the student’s academic records to any source outside of the university.

I, ________________________________, give my consent for the following individual:

Name: ______________________________________________________________________
Title: ______________________________________________________________________

To (initial all that apply):

_____ Serve as a reference by telephone for the purpose of graduate or professional school admission;
_____ Write a letter of recommendation for the purpose of graduate or professional school admission;
_____ Serve as a reference by telephone for the purpose of clinical placement during the doctoral audiology program;
_____ Write a letter of recommendation for the purpose of clinical placement during the doctoral audiology program;
_____ Serve as a reference by telephone for the purpose of employment;
_____ Write a letter of recommendation for the purpose of employment;
_____ Other (specify): ______________________________________________________________________

I understand that by signing this form, I have given permission for the above named individual to release information regarding my academic and clinical performance, which may include information contained within student records. The consent for release will remain in effect from the date indicated below until I submit written notification rescinding this request.

____________________________________  ______________________________________
Student Signature                      Print Name

____________________________________
Date
Clinical Practica – Typical Placements:
- Private audioligic practice
- Medical center/hospital – general audioligic services
- Medical center/hospital – newborn hearing screening
- Medical out-patient, ear-nose-throat clinic
- Non-profit medical clinic
- Non-profit speech and hearing center
- Senior care facility
- Early childhood facility
- School-based audioligic services
- School for children with deafness
- Cochlear implant facility
- Audioligic research facility
- University-based audioligic clinic
- Summer speech-language & hearing camps

Clinical Practica – Typical Sequence:

Year 1, Fall – AUD 591 Introduction to Clinical Practicum: Guided observation activities and introduction to clinical practicum at approved clinical sites, which may include the on-campus Pacific EarClinic and/or off-campus sites. Pass/No Pass. 2 credits.

Year 1, Spring – AUD 592 Clinical Practicum I: Supervised clinical practicum at approved clinical sites, which may include the on-campus Pacific EarClinic and/or off-campus sites. Pass/No Pass. 2 credits.

Year 1, Summer – AUD-593 Clinical Practicum II: Additional supervised clinical practicum at approved clinical sites, which may include the on-campus Pacific EarClinic and/or off-campus sites. Pass/No Pass. 2 credits.

Year 2, Fall – AUD-691 Clinical Internship I: First rotation of a full-time supervised clinical internship, typically for nine weeks, at an approved clinical site. Pass/No Pass. 5 credits.

Year 2, Spring – AUD-692 Clinical Internship II: Second rotation of a full-time supervised clinical internship, typically for nine weeks, at an approved clinical site. Pass/No Pass. 5 credits.

Year 3, Summer – AUD-693 Clinical Internship III: Third rotation of a full-time supervised clinical internship, typically for six weeks, at an approved clinical site. Pass/No Pass. 3.5 credits.

Year 3, Fall – AUD-791 Clinical Externship I: First part of a full-time supervised clinical externship as part of a year-long externship at an approved clinical site. Pass/No Pass. 10 credits.

Year 3, Spring – AUD-792 Clinical Externship II: Second part of a full-time supervised clinical externship as part of a year-long externship at an approved clinical site. Pass/No Pass. 10 credits.

Year 3, Summer – AUD-793 Clinical Externship III: Third part of a full-time supervised clinical externship as part of a year-long externship at an approved clinical site. Pass/No Pass. 10 credits.
Clinical Practica Seminars – Typical Sequence:

Year 1, Fall/Spring/Summer – AUD 590 Seminar I: Weekly seminar for all first-year AuD students. Emphasis on practicing basic skills and integrating class work with clinical experiences. Includes individual and group presentations and case studies, and discussion of professional topics. Taken three times for a total of 6 credits. Pass/No Pass. 2 credits.

Year 2, Fall/Spring/Summer – AUD 690 Seminar II: Weekly seminar for all second-year AuD students. Emphasis on practicing advanced skills and integrating class work with clinical experiences. Includes individual and group presentations and case-studies, and discussion of professional topics and issues. Taken three times for a total of 6 credits. Pass/No Pass. 2 credits.

Year 3, Fall/Spring/Summer – AUD 790 Seminar III: Weekly seminar for all third-year AuD students. Focus on the integration of practical knowledge and the application of theories, models, and techniques from preceding courses, applying these to specific operational issues in audiologic practice. Includes discussion of case studies, interprofessional health care management, professionalism, and ethical and regulatory issues. Taken three times for a total of 3 credits. Pass/No Pass. 1 credit.